South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Meeting to be held in public

30 April 2025

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Purpose	Lead
Board Admin				
01/25	10.00	Welcome and Apologies for absence	-	MW
02/25	10.01	Declarations of interest	To Note	MW
03/25	10.02	Minutes of the previous meeting: 06 February 2025	Decision	MW
04/25	10.03	Matters arising (Action log)	Decision	PL
05/25	10.05	Chair's Report	Information	MW
06/25	10.15	Chief Executive's Report – Year in Review	Information	SW
Board Governance				
07/25	10.30	Audit & Risk Committee Report	Assurance	HG
08/25	10.35	Operating Plan 2025-26	Information	SB
09/25	10.45	Board Assurance Framework 2025-26	Decision	PL
10/25	10.55	Risk Appetite Framework	Decision	PL
11/25	11.05	Board Development Plan 2025-26	Decision	PL
Strategy & Performance				
12/25	11.15	Board Story	-	RQ
	11.30	Break		
Strategic Aim: We Deliver High Quality Care				
13/25	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report			
14/25	11.40	Quality & Patient Safety Committee Assurance Report	Assurance	LS
Strategic Aim: Our People Enjoy Working at SECAmb				
15/25	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report			
16/25	12.00	People Committee Assurance Report	Assurance	MP
17/25	12.10	Education Quality Intervention	Assurance	JL

18/25	12.20	Staff Survey – Findings & Next Steps	Information	JC
19/25	12.30	Shadow Board	Information	JC
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS				
20/25	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report c) Month 11 Finance Report			
21/25	12.40	Finance & Investment Committee Report	Assurance	PB
22/25	12.50	Digital – Review of 2024-25	Assurance	SBr
Closing				
23/25	13.00	Any other business		MW

After the meeting is closed any questions received[1] from members of the public / observers of the meeting will be addressed.

[1] Only questions submitted at least 24 hours in advance of the Board meeting will be taken. Please see website for further details: Trust Board

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting

06 February 2025

Nexus House, Crawley

Minutes of the meeting, which was held in public.

Present:

Usman Khan	(UK)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Jacqueline Lindridge	(JL)	Chief Paramedic Officer
Howard Goodbourn	(HG)	Independent Non-Executive Director
Karen Norman	(KN)	Independent Non-Executive Director
Liz Sharp	(LS)	Independent Non-Executive Director
Margaret Dalziel	(MD)	Chief Nursing Officer
Mojgan Sani	(MS)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Senior Independent Director / Deputy Chair
Richard Quirk	(RQ)	Acting Chief Medical Officer
Simon Bell	(SB)	Chief Finance Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Sarah Wainwright	(SWa)	Chief People Officer

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary
Stephen Bromhall	(SBr)	Chief Digital & Information Officer
Janine Compton	(JC)	Director of Communications & Engagement
Lara Waywell	(LW)	Deputy Director of Operations

82/24 Welcome and Apologies for absence

UK welcomed members, and those in attendance and observing.

UK confirmed stepping down 6 March – last board meeting in public. Reflected on short time as Chair.

Also confirmed COG appointment of MW as Chair from 7 March 2025, for 12 month period.

MW thanked UK for his impact as Chair. Wished him well for the future. Grateful for being appointed and will do his best for next 12 months to ensure sustaining improvement journey.

The following apologies were noted:

Jen Allen	(JE)	Chief Operating Officer
Max Puller	(MP)	Independent Non-Executive Director
Paul Brocklehurst	(PB)	Independent Non-Executive Director

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83/24 Declarations of conflicts of interest
The Trust maintains a register of directors' interests, set out in the paper. No additional declarations were made in relation to agenda items.

84/24 Minutes of the meeting held in public 05.12.2024
The minutes were approved as a true and accurate record.

85/24 Action Log [10.08-10.10]
The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

HG referred to the recent Board Story related to our work with Care Homes and asked if progress has been made to replicate this in other operating units. SW confirmed that this is being followed up.

86/24 Chair's Report [10.10–10.15]
UK took report as read, reflecting on the last six months and the good work of the Trust in the context of the wider system and the ambition of the strategy. He also reflected on the improvement journey, how values driven we are becoming, and our connection with our partners to collaborate in a more mature way.

87/24 Senior Independent Director Appointment [10.15-10.18]
UK set out the process and the Board accepted the recommendation in appointing KN as the new SID.

88/24 Audit & Risk Committee Report [10.18-10.30]
MW summarised the output of the most recent meeting, which received positive assurance as set out in the report. Last year we had limited assurance of our internal control environment and we on track to improve this for 2024-25. There was focus on risk management, and we are demonstrating maturing processes, but more still to do to ensure this is embedded throughout the organisation. The committee supported the proposal to develop a new risk appetite framework to be phased, starting with executive and Board.

MW summarised tow more areas. Firstly, as we approach year end, the committee remains confident we will produce financial statements ready for audit. And in terms of cyber, further assurance is needed in this critical area.

UK commented on the trajectory for 'moderate assurance' re our internal controls and the importance of the work of the committee to ensure our controls and governance underpin delivery of our strategic aims.

KN asked about the station visits internal audit in the context of culture and how we will seek assurance given assessing culture does not lend itself clearly to simple metrics. MD responded first by giving the background to the station visit review, which focusses on the management ownership of issues. The output supports the move to a divisional structure with quality leads supporting compliance and quality assurance. This will enable local understanding, ownership and accountability across people quality and finance.

SW added that change starts around this table. In April, the Board will consider the board development plan which will include how we continue to be curious. Success to the divisional structure is key not just from an external perspective but also in how we break down the centralised culture. And lastly, while the staff survey results are yet to be published, the indications are positive. Some areas re doing well some have more challenges and this will help us target support.

89/24 Chief Executive's Report [10.30–10.43]

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SW welcomed Sarah Critchlow who was observing, ahead of the Board Story later. Arising from the tragic death of Alice Clark our commitment is to ensure we are the safest we can be from a driving standards perspective.

From his report SW highlighted the following:

- His gratitude to staff for their efforts over winter. We achieved a high level of performance over this period despite the demand and clinical challenges.
- He acknowledged UK is leaving and thanked him for his support. Also thanked MW for agreeing to serve as Chair for the next 12 months.
- Confirmed the appointment of MD as deputy CEO. And SB and SW who have been appointed substantively. These are important appointments to honour the commitment to strengthening the executive team.
- Formal Enforcement Undertakings have been removed, with the agreement from NHSE to exit RSP expected in February; this will move us from NOF 4 to NOF 3. SW thanked Steve Lennox, Improvement Director, for his support during the past there years and everyone else for their efforts in the improvement journey.
- On the agenda today we will spend some time hearing from JL on her priorities. This is a new post and important as we develop the clinical leadership model that we focus on how to get best from this additional resource. This helps maintain connectivity between the front line and board.
- Also on today's agenda is Planning, and SW reflected on the very challenging backdrop to the financial situation. The Board must remain focussed on quality as there is a risk we only talk about the money.

LS asked about the emerging divisional model and when this will be finalised. SW responded that work is in hand to appoint divisional directors. Then from Q1 the wider model will be established including how we devolve support functions.

95/24 Sustainable Partnerships [10.43-11.00]

HG confirmed the assurance received by the finance committee. On financial performance we are on track for a breakeven plan. There is good operational performance too as SW alluded to, and we are confident in achieving the C2 mean target and call answer. H&T is below plan and the committee challenged the executive on this, especially in light of other trusts that achieve much higher rates. We have asked for more clarity on what they are doing differently.

The committee shares the concerns re Cyber, as MW reported from audit committee and more assurance is needed.

HG referred to the IQR and asked that we specify more targets or seek derogation to be agreed by the Board. Where we have annual targets, we should have a monthly phased position. The executive noted this as part of its ongoing review of the IQR.

UK thanked HG for this summary. We have an evolving system of governance and to hear from NED chairs first is part of this, acknowledging the committees are the engine room of the Board; important they bring out issues requiring board consideration. He then gave the executive an opportunity to respond.

RQ confirmed that for each of the efficiency schemes achieved to date, we have a quality impact assessment and there has been no negative impact identified to-date.

JL responded to the issues re H&T and outlined some of the work she is doing with a neighbouring trust to explore how data is collected / what they do different, to seek a better understanding.

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On the cyber concerns SBr outlined some of the controls being put in place.

Break 10.57 – 11.15

96/24 Planning 2025-26 [11.15-11.20]
SB provided an overview of the financial settlement (worse than was expected) and clarified what this means at an organisational level. The ambulance sector has some differential arrangements that are more positive, so it is mixed. SB confirmed the aim to maintain operational performance and delivery of our strategy. We can take confidence from this year in terms of delivery of efficiency and productivity as the same will be needed next year.

UK thanked SB for this update which we will return to in Part 2.

90/24 Board Story [11.20-12.19]
SW welcomed Mr and Mrs Clark who joined to specifically observe the Board Story, which relates to issues arising from the road traffic collision that led to the death of their daughter, Alice. SW explained that they have struggled to have their voice heard and reinforced this is their session. Alice's loss continues to be felt throughout the organisation. The conversation today is about how we can be better and become the safest organisation for driving standards in any emergency service in England. This will also be an opportunity for Mr and Mrs Clark to ask questions.

SW then set out the structure of this part of the meeting, before introducing Sarah Critchlow who joined to talk to the presentation.

Following the presentation SW reinforced that if we don't pay attention to low level behaviours referred to by Sarah (need for banksmen etc.) then the more serious incidents won't be avoided. With Alice, the behaviours of the driver were known beforehand and so our learning needs to be about how we prevent this from happening again.

Mr and Mrs Clark thanked the Board for inviting them and they feel they are being listened to. The concerns they wanted to raise were as follows:

- The driver was wearing earphones on blue lights, and they would like to see a policy that prevents this (and related distractions). They won't rest until this is in place.
- Review Panel – they welcome this addition, but are concerns dealt with in a timely manner?
- CCTV – also welcome this but is it being submitted quickly when requested by managers / panel so action can be taken more quicky?
- Is the culture changing?

SS welcomed the learning set out in the presentation. In terms of spreading good practice, she asked how we will do this. Sarah responded that we do share good news stories. Also, there is a Speak Up campaign for driving standards this month.

MD outlined her confidence with the progress we are making with FTSU, as reflected in the data and feedback from staff. There are some hotspots, where culturally some continue to be defensive, which we are tackling. The FTSU Guardian is working with HR to triangulate themes. In summary, we know the issues and are taking a sustained approach.

LS reflected that our new Chief Paramedic will help ensure we drive professional standards and adhere to professional code of conducts. JL agreed and set out her role and focus on education to ensure competency

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to practice and for professional standards. On culture, JL explained that the videos shown earlier shocked her and should not happen, in particular the risks some are improperly taking. She will support Sarah and the driving standards team.

SW reflected that this speaks much about culture. Until we place as much emphasis on driving safety as other clinical care our job here will not be done. SW committed that no driver should drive with distractions such as earphones. He is confident under JL's leadership that we will support and challenge where we see poor standards.

Sarah outlined some of the training now in place and confirmed there is more speaking up since Alice's death; more issue coming to the attention of supervisors and/or driving standards.

SW asked Sarah if there is anything she needs from the Board. Sarah explained that culture is the main struggle; we need to take more pride in our vehicles and in our driving. So, support in changing the culture.

SB supported SW's commitment about the use of earphones and asked what our ambition should be on alcohol and drug testing. Sarah explained that the national group of HRDs are working on a policy that goes beyond what we do currently, allowing us to be proactive.

SW gave the last word to Mr and Mrs Clark. They asked how we know the online training is completed. Sarah responded that the system confirms when it is completed.

UK summarised that we have been able to make best use of this session to give assurance that we have taken very seriously these important issues and will continue to do so. This is not just about us developing best practice but also sharing this. Lastly, UK thanked Mr and Mrs Clark for the courage they have shown.

91/24 We Deliver High Quality Care [12.20-12.32]

LS summarised from the report the key areas of assurance from the last meeting. Noting, in particular, the positive work on cardiac arrest and the closure of the work on the medicine distribution centre and related clinical and health and safety risks.

On learning from deaths, the Board noted the lack of additional learning which is similar across the sector, and something being explored by the ambulance clinical leads.

MW referred to models of care and asked about timescale. He also asked in the context of financial planning, what the impact is on quality and whether we are joining the two. RQ responded on models of care which he reminded the Board is central to the trust strategy. By April we will have plan for delivery over the next three years. During February we will be ensuring this is interlinked with the integrated operating plan.

MW then asked about progress with strategic commissioning. DR responded that commissioners are following through the recommendations from the CF review. It is also part of the national planning guidance to review ambulance commissioning.

KN noted that with models of care, there is reference in a number of the papers about milestones not being met due to engagement with partners; she asked what the blocks are and how the Board can support. RQ responded that our priorities need to match the models of care referred to in the CF report, ensuring alignment across both us and SCAS.

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92/24 Patient & Public Engagement Strategy [12.33-12.42]
MD summarised the strategy and LS added that this is a comprehensive strategy and fully supported by QPSC. It will be different to the past and links to diversity and hard to reach groups.

DR commented that we knew this was one of our main enabling strategies as per the priority in the BAF. He asked how we ensure patient voice as we develop models of care. MD responded that we used our engagement forums to test the strategy which was really positive. With regards to Hubs, we have implemented these quickly but gone back out to engage stakeholders which will inform the analysis and future planning. RQ added that models of care is very clinically led, and the next stage is to engage patients.

HG supported the strategy, but the acid test will be what proportion of engagement we are seeking to achieve, i.e. the level or coverage of engagement to ensure we know if we are getting representative numbers. MD responded that we are in peoples' lives for a much shorter time in their care journey but have a target in EOC for 100 a month (currently at 90 and only started three months ago). Will need to be more ambitious but there is a resource impact to ensure we use feedback constructively. We have six engagement forums (two in each county) but there is finite resource. LS added our engagement people link to Health Watch so get wider feedback from this too.

MW noted that we need to do more in the space of EDI. The Board development session in March related to EDI should be about how we focus on hard to reach groups and integrate this with our EDI approach. It is good to have a central team, but in time this needs to be integrated more locally.

The strategy was approved.

93/24 Chief Paramedic – Role & Responsibilities [12.42-13.15]
JL talked to her presentation, giving the history of the paramedic profession and the development of the Board CPO role. She then set out the functions of a CPO and her priorities as informed by feedback from board members and others. She set these in the context of the clinical model established with the CMO and CNO (Standards > Education > Evaluation)

UK thanked JL for her work to-date acknowledging how much thought has gone into these priorities.

MW is supportive of the priorities. He asked about outcomes and how we will measure, e.g. more resilient workforce, more engaged to lead to better patient outcomes. He also asked about career pathways / portfolio working. LS added that we are still growing and evolving the profession so to MW's point we need to work out what is achievable over the next 3-5 years.

JL responded that we do need to design staff-based experience metrics. And she agreed we need to move away from the rigid belief paramedics are just for the ambulance service, e.g. more support is needed for portfolio working. JL agreed too that we need to support via professional standards more consistent behaviours.

KN congratulated JL for the energy and ambition shown by JL. On professionalisation, it is good to see the emphasis on clinical supervision, but the challenge is culture as we move away from command and control. On career pathways, we need to do more to prepare people for practice via the universities as the role evolves.

SW reflected on the good work, which the Board clearly supports. He noted that there is more to do in education so drew this out as a theme and will ask JL to work with colleagues to take a view of education so it is more factual not just from the perspective of the consumer. There are things we do really well, so need

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to talk more about this. SW left the Board to consider whether it should in future receive a separate COP report, to create space for discussion.

94/24 Our People Enjoy Working at SECAmb [13.15-13.25]
SS summarised the outcome of the committee as set out in the report. Under 'alert' there is some concern about EDI, as reflected in this meeting, which we will pick up at the next Board session in March. There has been much effort by the executive to build relations with trade unions, but still much to do. The HR Plan is making good progress and will require ongoing scrutiny. The committee will be seeking more assurance from the Hubs, with regards to the workforce models as part of the evaluation in Q1.

UK thanked SS for the work of the committee. Then opened to questions.

SWa added on EDI that we have now an integrated EDI plan aligned with AACE and committee discussion helped to ensure we prioritise high impact actions. The initial session with SLT last week went well and will use board development session to develop our thinking.

SWa also reflected the good engagement on the HR operating model including how we embed EDI in to the new divisional model.

SW built on EDI point, noting the board session will include the wider leadership group. This is a sector wide issue, with some better than others, but it is important front-line leaders lead this; they need to believe this is their job.

UK agreed that this is one of the areas that we need to focus on, to ensure we are clear on the value of EDI.

KN observed that this ties in to the CPO priorities as a central competency of being a professional.

97/24 AOB
None.

There being no further business, the Chair closed the meeting at 13.25

UK then confirmed there have been no questions from the Public.

Signed as a true and accurate record by the Chair: _____

Date _____

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South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)	Comments / Update
07.12.2023	67 23	Delivery of the improvements identified by the IT external review to be overseen by the audit committee. With a report to the Board in 2024-25 (date tbc) confirming all the actions have been closed and assurance on their impact.	SB	30.04.2025	Audit Committee / Board	C	A report to audit committee was received in July - see escalation report. The final report is scheduled for the meeting on 19 December and the outcome of this will be reported to the Board at its next meeting in February 2025. A further report was provided to the Finance Committee in January (see report) and additional assurance was requested. A report to the Board is scheduled for April.
06.12.2024	76 24	In the context of EPRR Assurance, the plan to address the cultural issues in HART/SORT teams, outlined by JA at the Board in December, will come to the People Committee in Q4, for additional assurance.	JA	20.03.2025	People Committee	C	Added to the agenda for March. See report to Board
06.12.2024	77 24	Acknowledging the importance of the divisional model, the People Committee will oversee its development, in particular the underlying design principles and how these will be implemented.	JA	20.03.2025	People Committee	C	Added to the agenda for March / COB. See report to Board
06.12.2024	78 24	The sexual safety diagnostic being undertaken by JL, related to universities and issues with students that is due to conclude by February 2025, will come back to the Board in April, to ensure ongoing visibility and assurance.	JL	30.04.2025	Board	C	On agenda see item 17-25

Key

- Not yet due
- Due
- Overdue
- Closed

South East Coast Ambulance Service
NHS Foundation Trust

		Item No	05-25
Name of meeting	Trust Board		
Date	30.04.2025		
Name of paper	Chair Board Report		
Report Author	Michael Whitehouse, Chair		

Introduction

This is my first meeting of the Board held in public, since I was appointed Chair in February. I would like to thank the Council of Governors for making the appointment and I will do all I can to ensure the Trust continues on its improvement journey over the next 12 months I am in post.

This coming year will see a number of challenges, but I am confident in our ability to deliver, supported by a clear and robust operating plan and guided by our established strategy. This meeting focusses on our priorities and how we intend to set ourselves up for success.

Board Meeting Overview

Meetings of the Board are framed by the Board Assurance Framework (BAF), against the three strategic aims:

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The BAF helps to ensure ongoing Board oversight of the delivery of our strategic priorities; in year planning commitments; and areas of compliance. It provides the Board with clarity on progress against the organisational objectives and the main risks to their achievement, thereby informing the Assurance Cycle.

There is a joint Board & COG scheduled for 24 April, where we will be reviewing the outputs of the engagement during the last part of 2024-25 in the development of the priorities and Board Assurance Framework.

As well as focussing on the future, it is equally important to take time to reflect. The running order therefore starts with the Chief Executive summarising the achievements of the past 12 months. The Board will then review the headlines from the operating plan submitted following the check and challenge session held last month. This will frame the year ahead and how it informs the priorities and risks set out in the BAF; our transition to a new Risk Appetite Framework, which outlines the amount and type of risk that we are willing to take to meet our strategic aims; and then the programme of Board development to support the Board ensure effective delivery.

Council of Governors

The COG last met in March. Governors reinforced the need to ensure we continue to progress against our strategic aims, noting the challenging operating context. They also challenged the Board to ensure greater clarity when describing some of the data in the Integrated Quality Report; the sense was that in parts the descriptions are too vague. The other issues of focus at the meeting included:

Patients

- Assurance was provided following the work at the medicines distribution centre related to the systems of monitoring and distribution of medicines.
- In the context of one of our key strategic aims of saving lives, there were questions about the availability of defibs, the role of the British Heart Foundation and what the Trust is doing to review gaps in our local communities, which is covered in the published cardiac annual report.
- The role of the Unscheduled Care Navigation Hubs continues to be of interest and the COG are keen to see the outcome of the evaluation; a suggestion was made to update on this at this years' Annual Members Meeting.
- Concern was expressed about the alternative care pathways, the low acceptance rates from our services and the role of the system with this.
- And there was also a good discussion about delays with Cat 3 patients and linked to this the system of clinical navigation, e.g. with the role of the Hubs are we dispatching in a timely way to this group of patients.

People

- Education and specifically the outcome of the NHSE Education Quality Intervention was an area of focus. There is a separate report to the Board on the agenda.
- Community resilience was also explored, noting the review that was recently undertaken. This is due to report to the Board in June and the response to the recommendations will inform the related objective in the BAF.

Partnerships

- While the COG acknowledged the progress made, there remain some gaps in assurance on the overall programme of digital enablement.
- There were also questions about system partnership and assurance on procurement following the introduction of the new Act.

Board Appointments

The Council of Governors have been leading a search for a new Non-Executive Director (Audit Committee Chair). Its Nominations Committee recently concluded the interviews and will be making a recommendation to the COG at its meeting on 24 April 2025. An announcement will follow thereafter.

South East Coast Ambulance Service NHS Foundation Trust

Item No	06-25

Name of meeting	Trust Board
Date	30.04.2025
Name of paper	Chief Executive's Report

1	In my Board report this month, I want to reflect solely on the very real progress SECAmb has made during 2024/25.
	Review of the year
2	It was a year of hard work by colleagues right across the organisation, resulting in some significant achievements and, although we know that we have more to do, I wanted to recognise and celebrate what the organisation accomplished last year.
3	In August 2024 we launched our new five year Trust Strategy – Saving Lives, Serving Our Communities. Developed by and with our people, our patients and our partners, our clinically-led strategy provides the framework for us to deliver three important aims - delivering high-quality care; ensuring people enjoy working at SECAmb, and being a sustainable partner within an integrated NHS.
4	As I look back at the year, I would like to highlight a number of key achievements delivered as we have rolled out our new strategy, that for me illustrate the progress we're making and the very real difference we are making for our people and our patients.
5	During the 2024/25 financial year, I am extremely proud that as a Trust we consistently exceeded the response time target to respond to some of our most seriously ill and injured patients.
6	SECAmb was one of only a small number of ambulance trusts to exceed the Category 2 call performance target between April 2024 and March 2025, despite a close to 40,000 increase in 999 calls on the previous year.
7	We know that there remains much to do to ensure we continue to make improvements across all categories of call but in a really challenging environment, our teams should be very proud of their hard work in helping to provide a responsive service to our people.

8	One of the initiatives that helped us to deliver this was the introduction of five new multi-disciplinary clinical hubs which have helped us and our partners to deliver efficient and effective care to our patients.
9	The Unscheduled Care Navigation Hubs (UCNHs) – based in Paddock Wood, Ashford and Rochester in Kent, in Polegate and Brighton in Sussex and two virtual model hubs covering east and west Surrey in Banstead and Tongham - see our highly-skilled clinicians joined by specialist teams from across local healthcare systems to ensure 999 calls are receiving the most appropriate response.
10	We have seen encouraging results from all the Hubs so far and will continue to evaluate their impact and make improvements where we can as we move forwards.
11	With our absolute focus on delivering the best care to our patients, I was very proud that, when we launched our most recent Cardiac Arrest Report in February 2025, it revealed our highest-ever and national-leading cardiac arrest survival rate. It was the third consecutive year that the Trust's survival figure has been above the national average.
12	Between April 2023 and March 2024, SECAmb attended 9,065 cardiac arrests, with resuscitation possible on 2,709 of these patients. With the public playing a vital role in providing bystander CPR, we were able to increase survival at 30 days to 11.5 per cent for these patients – put simply, 307 lives saved. It was the highest rate recorded by an English ambulance service and a two per cent increase on the previous year.
13	We have seen these figures brought to life in the very best way when, during the year, we have worked hard to reunite many of the patients we have helped to save with the crews and those in our control rooms involved in their care. These are always heartening and emotional occasions and, with many of these patients being cardiac arrest survivors, have been the very best way of demonstrating the real progress we are making in improving care to our patients.
14	We have also worked hard during the year to deliver on our commitment to making improvements to how it feels to work at SECAmb.
15	We have begun and are now well on our way to changing howe we structure the organisation, to provide more local autonomy and enhanced clinical leadership. This has included us starting to move to a divisional model, allowing the creation of local multi-disciplinary teams who will be able to work more effectively with our system partners and make responsive changes that best meet local needs.
16	As part of the restructure of our Executive portfolios, we were delighted to announce in July 2024 the appointment of our first Chief Paramedic Officer, Jaqualine Lindridge. Jaqui's portfolio includes all education and training within SECAmb as well organisational learning and clinical supervision, and it's been great to see the positive impact she is already making.

17	A key area of focus has been the need to ensure we are supporting our people in the right way and under the leadership of our Chief People Officer, Sarah Wainwright, an extensive HR Improvement Plan has been developed. We look forward to seeing the full impact on this during the coming year.
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18	I was pleased that during the year, we also delivered on our commitment to address historic pay issues for some groups of our staff. Despite the significant financial implications of doing this, it was the right thing to do.
19	We have taken big steps forwards during the year in how we both engage with and recognise our people and I've been delighted to see the growing positive impact of initiatives such as Star of the Month and our Celebrating Success events. Our annual Staff Award ceremonies, held in the Autumn, were fantastic events and a great opportunity to showcase our new Trust values of Kindness, Courage and Integrity in action.
20	I have very much enjoyed being out and about meeting our people during the year, including through my 'Connect with the Chief' initiative. This has provided great opportunities to meet with local teams and individual colleagues and hear what is important to them. I am also keen to see our first ever Shadow Board get underway in May, intended to expand our engagement approach and enable us to hear 'different voices' from around the organisation.
21	We worked hard this year to ensure we heard from as many of our people as possible through the NHS Staff Survey and were pleased that more of our people than ever completed the survey, seeing us achieve a very credible response rate of 67%.
22	When the results were published nationally in March 2025, I was equally pleased that we saw significant improvements in the scores in every area, performing better than many of our ambulance colleagues in other Trusts and achieving the top score for 'morale' out of all ambulance Trusts.
23	We know that we have more to do to continue to drive the improvements we want to see, and I've been pleased to see leaders across the organisation owning their local results and starting to use these to shape local plans for improvement with their teams.
24	Our Volunteer Conference, held just a couple of weeks ago, provided a fantastic opportunity to reflect on the significant contribution that our committed team of volunteers make in SECAmb.
25	I was pleased to be joined by more than 200 SECAmb community first responders, chaplains and support volunteers at the event and to be able to shine a light on the significant difference volunteers make to the Trust's work within its local communities. I look forward to the special partnership we have with our volunteers growing and developing during the coming year.

26	2024/25 was undoubtedly a year of challenge nationally for the NHS, making it more important than ever for organisations to look at how they can work together to drive improvements and make effective use of the resources we have. I have been proud of the way that the organisation has risen to the challenge of looking at how we use our resources through the dual lenses of productivity and efficiency and identifying areas where we can make improvements. This has helped us to negotiate our way so far through an extremely challenging NHS financial environment; there is no doubt that we will need to continue to do this as we move forwards.
27	During the year, SECAmb has embarked on two significant collaboration programmes – one with our neighbour, South Central Ambulance Service and the other as part of the wider Southern Ambulance Services Collaboration. Both provide invaluable opportunities to share best practice, support each other more effectively and work together to provide high quality care at the best value, without compromising local autonomy. I look forward to seeing how both progress during the year.
28	There are many other achievements we made during the year of which we are rightly proud, including real improvements in our estate and fleet, the launch of our Green Plan and in how we listen and engage with our patients and the public, but I wanted to end this look back by highlighting the significant milestone the organisation achieved in exiting 'special measures' following a period of sustained improvement.
29	Following a thorough review, NHS England confirmed in March 2025 that that SECAmb was no longer in NHS oversight framework (NOF) segment 4 and had been removed from the Recovery Support Programme (RSP), formerly known as 'special measures.'
30	NHS England described the announcement as an important milestone for the Trust and, while recognising that there is more to do to continue to improve services for our patients, paid tribute to the hard work of the Trust over recent years. This was a significant step forward in our improvement journey and I would like to, once again, extend my thanks to all of our people for their hard work, dedication and support.
31	The difference I see in SECAmb today, compared to when I joined two years ago, is profound. We have made remarkable strides, but I know we can achieve even more.

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	07/25

Name of meeting	Trust Board
Date	30 April 2025
Name of paper	Audit & Risk Committee Assurance Report – 24 March 2025
Author	Howard Goodbourn Independent Non-Executive Director – Committee Chair

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 24 March 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Assure**: where the committee is assured
- **Advise**: items for the Board's information

ALERT

Risk Management

As follow up to the last meeting the committee reviewed the new Risk Appetite Framework, supporting the phased approach to its implementation. This will be coming to the Board in April as a separate paper. This will help set out more effectively the amount and type of risk that we are willing to take to meet our strategic aims as well as enhancing effective decision making.

The committee also noted the continued improvement in some of the risk compliance metrics, such as risk reviews and completion of controls and assurances.

Digital Resilience

The committee reviewed the key digital risks and acknowledging some are not easy to manage, it explored the current controls and longer-term mitigation. There are some gaps in assurance, including clarity on the resources needed and the new CDIO is reviewing this in the context of the strategic priorities for 2025-26.

FOI Compliance

The director of corporate governance set out the current position with this risk, related to our compliance with the FOI Act, specifically timeliness. We are currently not compliant, and the executive is engaged with the ICO about our challenges, which are consistent with other areas of the NHS / public bodies. The committee is assured there is a clear plan in place to ensure we get to a sustainable position by the end of Q1 and will receive further assurance at its meeting in July.

ASSURE

Internal Audit

The outcome of two reviews from the 2024-25 annual Internal Audit Plan were considered – Accounting Systems and Procurement & Contract Management. By way of reminder, Internal Audit has available four possible outcomes, describing the level of assurance the Board can take, two are negative (Limited or No Assurance) and two are positive (Moderate or Substantial Assurance). These two reviews both concluded Moderate Assurance, and this has been the case for every review reported to-date, which bodes well for the Annual Head of Internal Audit Opinion related to the framework of governance, risk management and internal control.

External Audit / Year End Process

There is nothing unexpected in terms of the audit risks. KPMG has started testing our accounts and the committee received assurance that the issues identified in the ISA260 last year have since been rectified and there is a good level of confidence in the process, learning from some of the issues experienced in 2024-25.

Some minor changes to the accounting policies were approved by the committee.

Declarations of Interests

The committee receives an annual assurance report on our compliance with the requirements of this policy and there continues to be strong compliance.

ADVISE

Counter Fraud

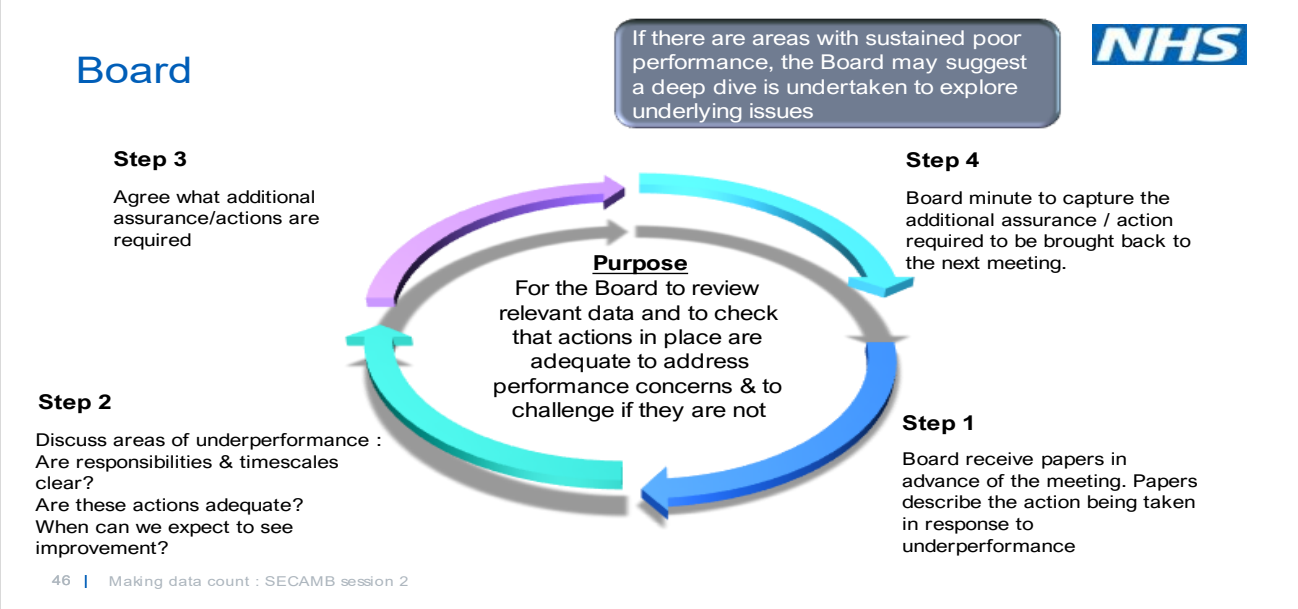
There continues to be effective counter fraud arrangements in place. The committee explored the reduction in reported incidents and while it does not believe this to be the case, it is nonetheless seeking additional assurance that this is not related to a reporting issue. The counter fraud work plan for 2025-26 was agreed, which will ensure ongoing awareness and vigilance.

IQR Review

The executive is reviewing the IQR to ensure it continues to evolve and improve. This aligns to the Insightful Board and how we reflect on the related principles in our reporting of key metrics, so it is consistent with the BAF and ensures greater visibility of areas such as productivity and health inequalities. The committee will continue to monitor progress with this and ensure changes are in line with the needs of the Board.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



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Agenda No	08/25

Name of meeting	Public Board Meeting
Date	30th April 2025
Name of paper	2025/26 Operating Plan
Responsible Manager	Simon Bell (Chief Finance Officer)
Author	Jo Turl (Planning Lead)

In order to enhance our ability to deliver our Strategic Plan in 2025/26 we have produced an Integrated Operational Plan, which aligns activity, workforce and financial information into a single plan.

The plan has been developed from a baseline 'Do Nothing' plan, which resulted in an underlying deficit position of £34m, in order to maintain a Category 2 mean response time of 28 minutes.

Through a thorough review of all benchmarking opportunities, as well as listening to our people, we have identified an internal efficiency programme which will deliver £10m in 2025/26 and an internal productivity improvement of 4-minutes on our Category 2 mean response time. We also worked collaboratively with our partners to agree a system productivity plan of 2-minutes on our Category 2 mean response time. The efficiency and productivity improvements result in a Category 2 mean response time of 25 minutes and financial breakeven.

The 2025/26 Operational Plan was submitted to NHS England on 27th March 2025. Confirmation has been received by NHS England that our plan has been accepted.

Delivery against the plan is already underway and quarterly review meetings have been established to ensure delivery is maintained and any issues are escalated and mitigated.

Recommendations, decisions or actions sought	Having previously seen the contents of the plan (Board Check & Challenge 20th March 2025) and given the executive delegated authority to submit the plan, the Board is asked to formally note the contents of this report as a way of framing the priorities for 2025-26 as set out in the separate Board Assurance Framework.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**Yes**

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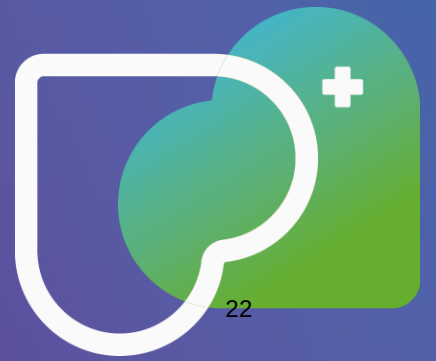
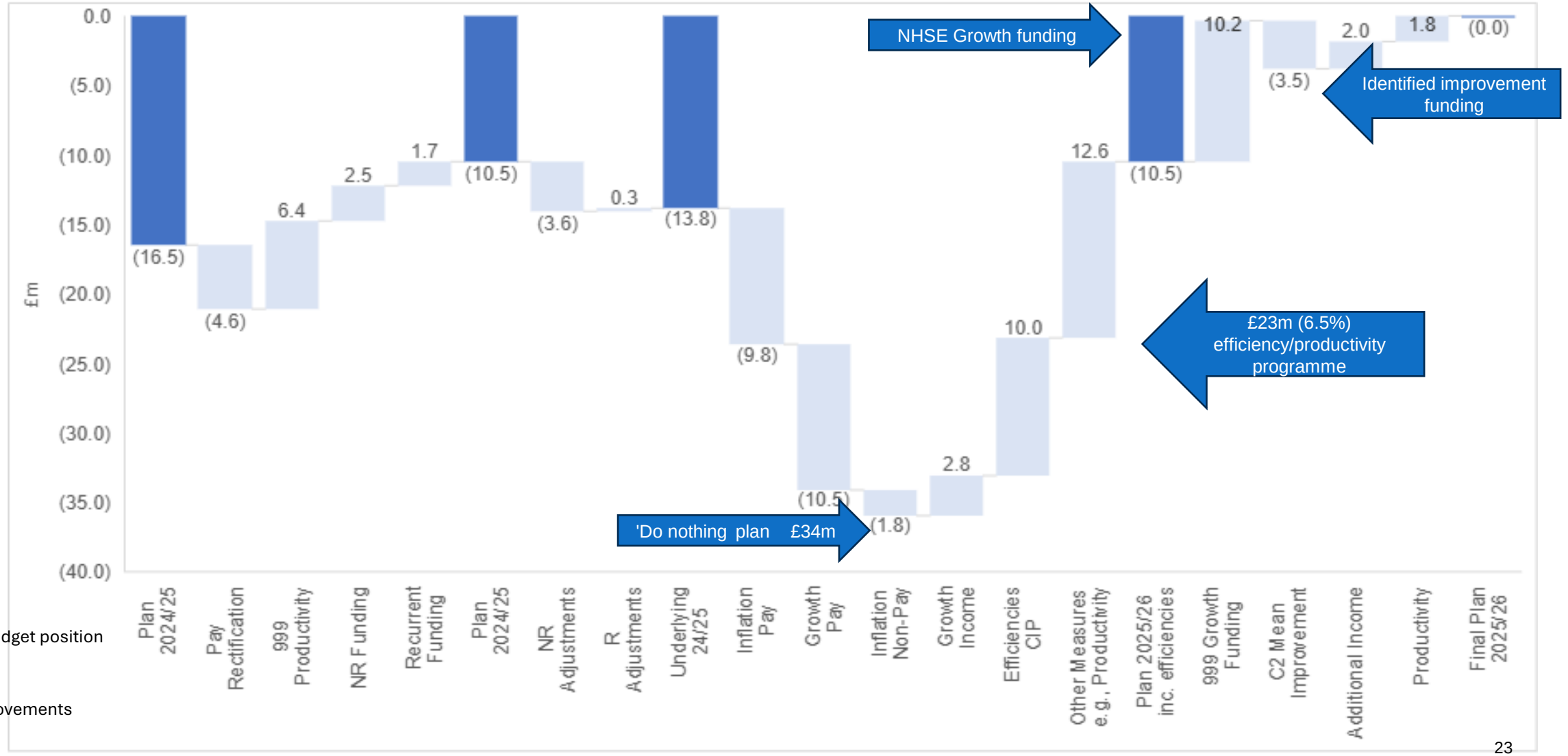
Context (Waterfalls)

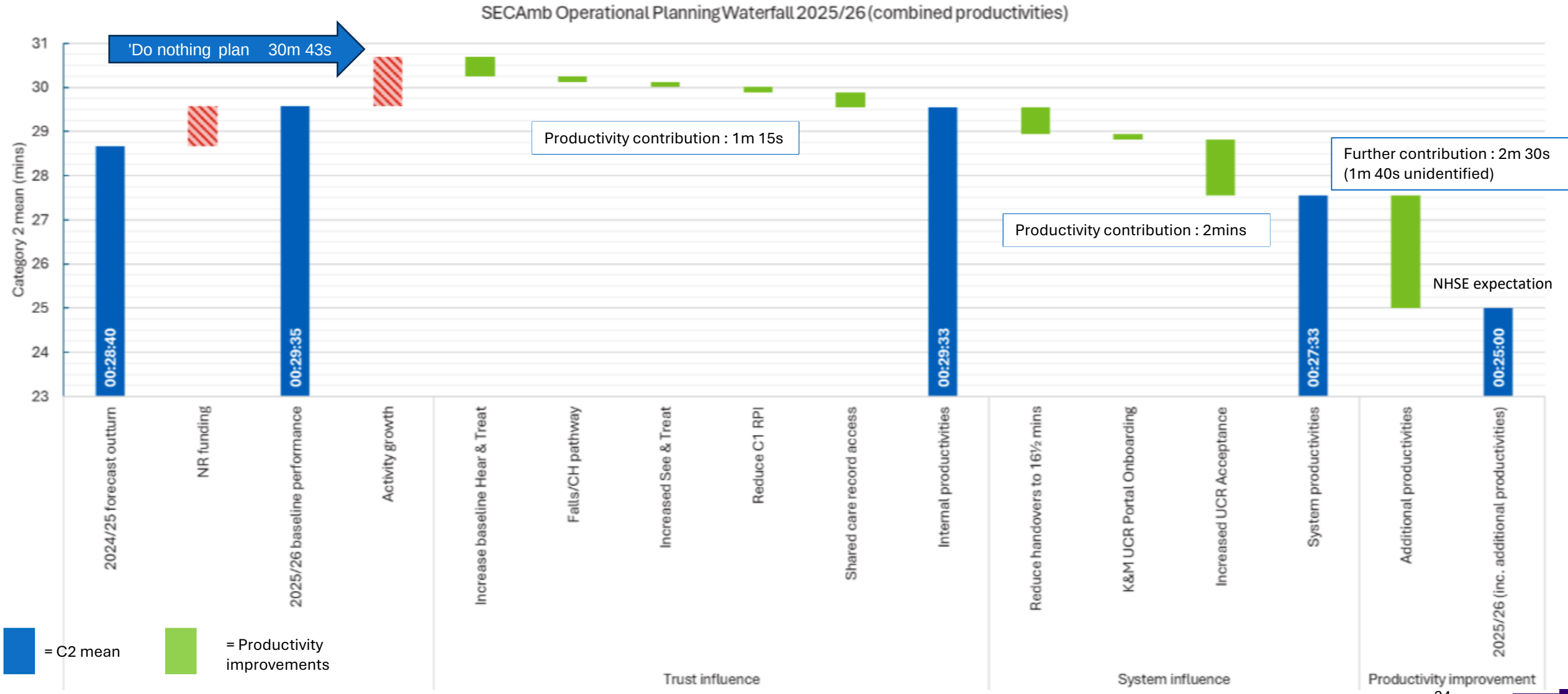


Financial Bridge from 2024/25 Plan to 2025/26 Breakeven Plan



Category 2 Mean Performance Improvement

South East Coast Ambulance Service NHS Foundation Trust



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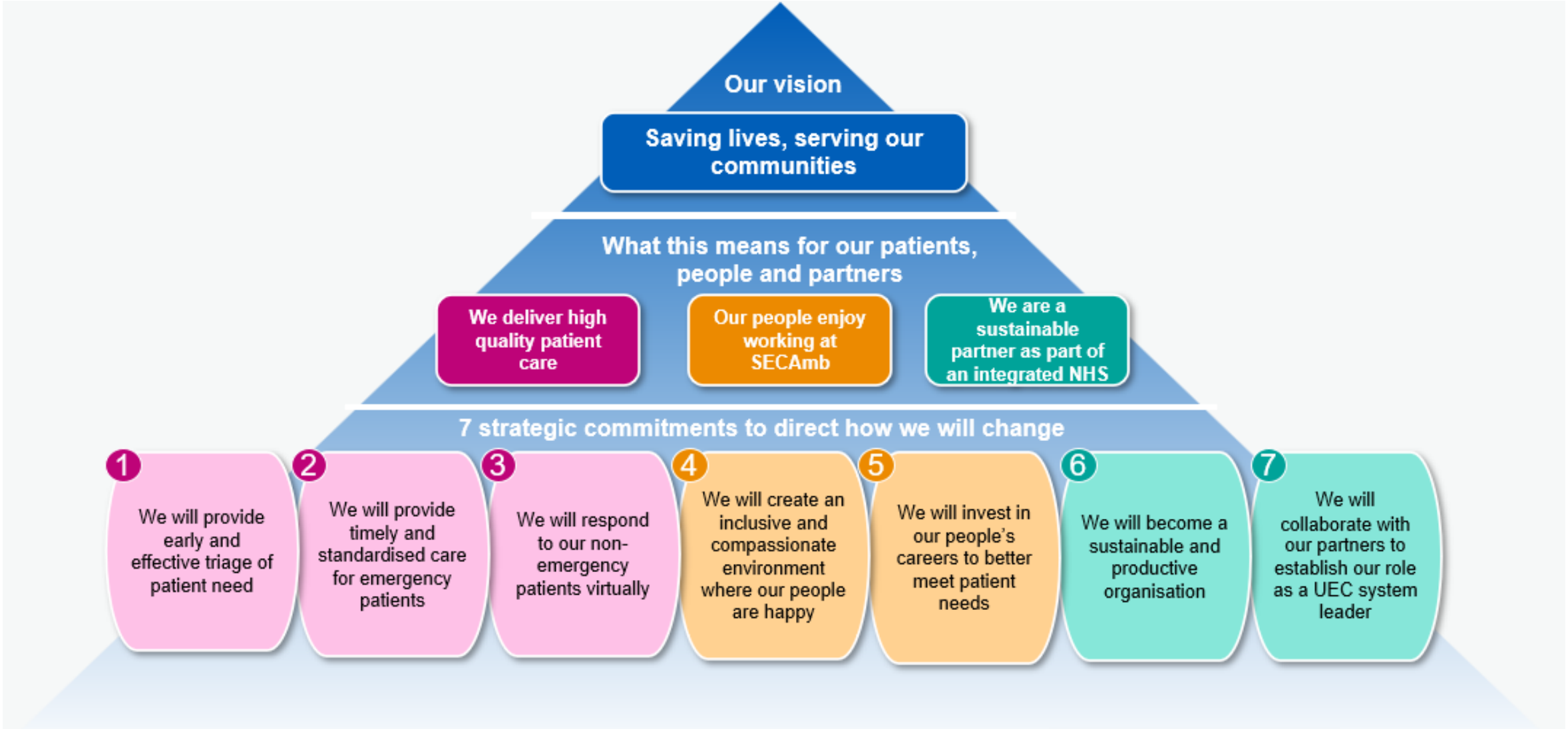
2025/26 Operating Plan

30 April 2025

Our Strategic Framework



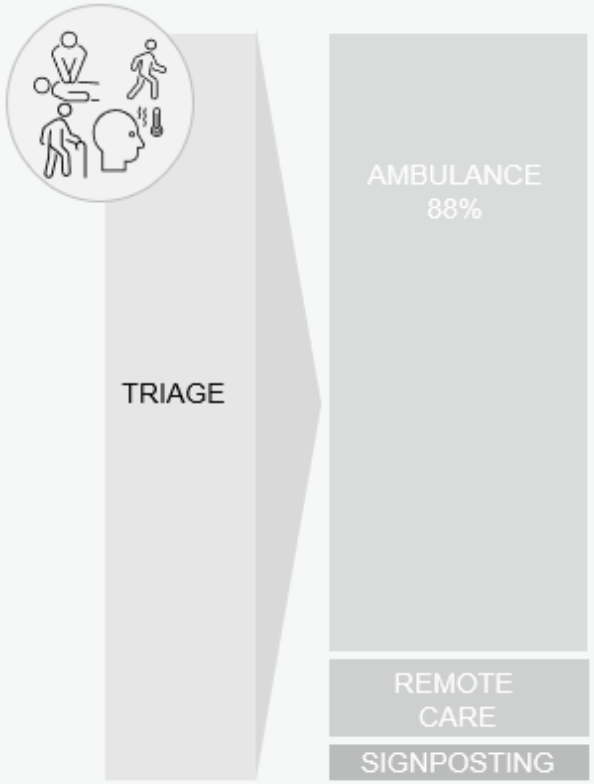
Our Delivery Model

South East Coast Ambulance Service NHS Foundation Trust

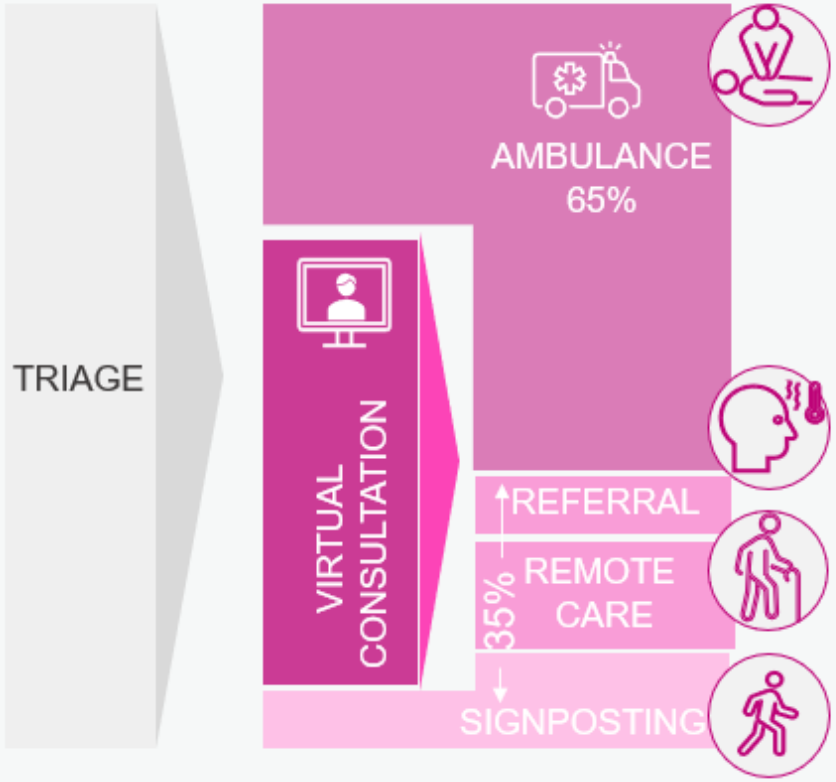
Our strategy is to differentiate our response to best meet patient needs

To use our resources effectively, we are moving away from a 'one size fits all' approach. This will ensure all our patients receive the most appropriate response for their needs.

NOW: We have the same response for most of our patients - we send an ambulance.



FUTURE: We will provide a different response according to patient need.



Timely care for emergency patients:

Resources will be refocused to provide a better and faster response to our emergency patients.

Virtual care for non-emergency patients:

Patient needs are thoroughly assessed by a senior clinician remotely. This clinical assessment will enable patients to be cared for directly or referred to the most appropriate care provider.

Connecting other patients with the right care, if they don't need us:

If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

2025/26 Operating Plan Overview

NHS South East Coast Ambulance Service NHS Foundation Trust

Our Operating Plan for 2025/26 supports the delivery of our strategy:

- To provide a faster and better response to patients in an emergency,
- To ensure non-emergency patients are clinically assessed remotely and cared for by the most appropriate care provider.

Our Plan delivers an improvement in Category 2 mean response time to 25 minutes, and financial breakeven.

The plan is underpinned by our **Three Strategic Aims**, which in 2025/26 will be delivered as follows:

We deliver high quality patient care

We will improve responsiveness, quality of care, and outcomes for our patients by changing our models of care and increasing virtual care.

Our people enjoy working at SECAmb

We will implement our divisional structure, hearing different voices to help us improve, and creating meaningful autonomy for our people closer to patients.

We are a sustainable partner as part of an integrated NHS

We will be a sustainable partner through the delivery of challenging but achievable efficiency and productivity programmes; both internally and as part of wider systems.

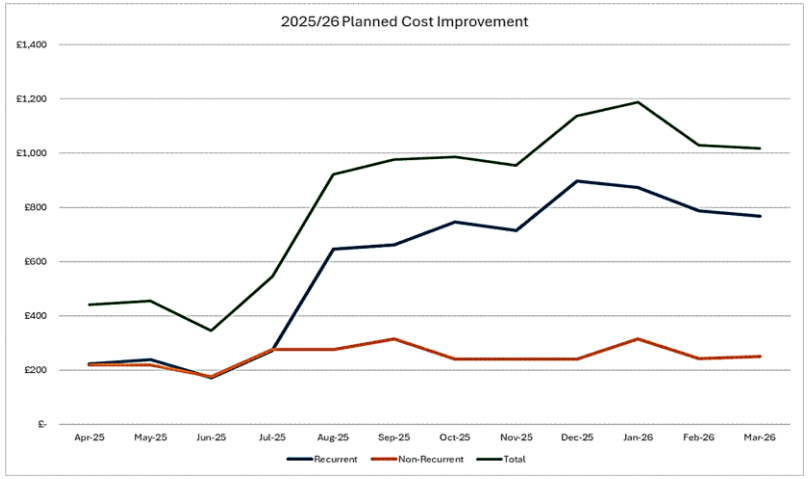
Efficiency Schemes: Cash out (£10m target)

South East Coast Ambulance Service NHS Foundation Trust

Opportunity Status	Scheme Category	Green £000's	Amber £000's	Red £000's	Grand Total £000's
Proposed					
	Digital Productivity		125	300	425
	Discretionary Non Pay	179	416		595
	Estates and Facilities optimalisation		196		196
	Fleet - Fuel: Bunkered Fuel & Price Differential	385			385
	Fleet - Other Efficiencies		850	200	1,050
	Income generation	100	146		246
	Medicines Management - Consumables	60			60
	Medicines Management - Drugs		40		40
	Medicines Management - Equipment		100		100
	Operations Efficiencies	79	1,431	1,140	2,650
	Optimisation in establishment - clinical			1,400	1,400
	Optimisation in establishment - non clinical	20		150	170
	Optimisation in Training				
	Process review	170	50		220
	Procurement contracts review		328		328
	Reduction in Sickness Absence				
	Service Redesign	7	300	50	357
	Supply Chain review		300		300
	Travel and subsistence	46			46
	Uniform review		197		197
	Policy review		146		146
Proposed Total		1045	4625	3240	8,910
Scoped					
	Digital Productivity		402		402
	Optimisation in establishment - clinical	175			175
	Optimisation in establishment - non clinical	65			65
Scoped Total		240	402		642
Validated					
	Operations Efficiencies	537	763		1,300
	Travel and subsistence		108		108
	Uniform review		47		47
Validated Total		537	918		1455
Grand Total		1,822	5,945	3,240	11,007

The Senior Management Group have identified £11m of efficiencies, which allows a 10% contingency on the £10m target.

The Senior Management Group will track progress on a monthly tracker and agree mitigating actions where delivery is not on track.



Clinical Productivity:

Doing more with the same (4-minute improvement on Cat 2 mean)

South East Coast Ambulance Service NHS Foundation Trust

Internal Clinical Productivity: 4 minute improvement	Expected Improvement (seconds)	Executive Accountable	Mechanisim for delivery
Increase Hear & Treat by ave. 2% up to 19.7% by Mar'26. (Inc. Call handler productivity)	70	COO	Virtual Care Tier 1 Programme
Introduce NCRS to crews to reduce JCT by 30secs (C2-5)	20	CDO	Digital Tier 1 Programme
Introduce NCRS to crews to reduce S&C by 3% by Mar'26	13	CDO	Digital Tier 1 Programme
Reduce calls from care homes by 1%	11	CMO	Model of Care Tier 1 Programme
Reduce C1 resources to dispatch	11	CPO	BAU - Enhanced CCD
Community First Responders falls response	TBC	CMO	Model of Care Tier 1 Programme
Field ops deployment productivity	TBC	COO	BAU - Local dispatch & on scene self-conveyance
Increase DCA hrs on road through efficient MRC and reduction in VOR	TBC	CSO	Make Ready Tier 2 Programme
Resource productivity	TBC	COO	Based on PA consulting review
TOTAL	**125**	**-100**	**Distance from target**

The gap in productivity plans will be identified through maximisation of capacity, management of demand and more efficient workforce practices.

Progress will be monitored through directorates and reviewed on a quarterly basis by the Joint Senior Leadership Team.

System Productivity:
2-minute improvement on Cat 2 mean

South East Coast Ambulance Service NHS Foundation Trust

This table captures the productivity opportunities identified during the planning process for SECAmb (blue rows) and the wider system (orange rows).

		Low		Medium		High	
	Scheme	Metric	C2 Mean	Metric	C2 Mean	Metric	C2 Mean
SECAmb Productivity	Increase H&T Baseline of 14.6% H&T	Increase H&T by 0.5%	17.5s	Increase H&T by 1%	35s	Increase H&T by 2%	70s
	Falls/CH pathway Baseline of 14.6% H&T	Increase H&T by 0.25%	8.75s	Increase H&T by 0.5%	17.5s	Increase H&T by 1%	35s
	On scene self conveyance Conveyance rate of 64.6%	Convert 0.5% of SC to ST	7s	Convert 1% of SC to ST	14s	Convert 2% of SC to ST	28s
	Resource per C1 incident Baseline RPI of 1.52 to C1s	Reduce RPI to C1 by 0.025	5.5s	Reduce RPI to C1 by 0.05	11s	Reduce RPI to C1 by 0.10	22s
	Local dispatch						
	Shared care record access	Reduce JCT by 30s	20s	Reduce JCT by 60s	40s	Reduce JCT by 90s	60s
	Rostering review						
	Total Improvement		58.75s		117.5s		215s
	Projected C2 Mean		00:19:47		00:23:40		00:27:11
System Productivity	Reduction in hospital handover delays Currently modelled at 19m	Reduce handovers to 18m	17s	Reduce handovers to 16.5m	37s	Reduce handovers to 15m	57s
	K&M UCR Portal Onboarded	Increase H&T by 0.2%	7s	Increase H&T by 0.3%	10.5s	Increase H&T by 0.4%	14s
	Increased UCR Portal Acceptance (post K&M) Current acceptance at 20%	Increase Acceptance to 40% (0.75% increase to H&T)	26.25s	Increase Acceptance to 60% (1.5% increase to H&T)	52.5s	Increase Acceptance to 40% (2.25% increase to H&T)	78.75s
	Project C2 Mean		**00:28:57**		**00:27:09**		**00:24:41**

System partners have agreed to delivery a 2-minute improvement on the Category 2 mean in order, in order to reduce the mean response time from 27 to 25 minutes.

Each ICB has been designated an improvement target and they will work with their system partners to deliver the improvement by reducing hospital handover times and increasing acceptance rates of urgent community services.

Delivery of the system productivity schemes will be monitored via the Strategic Commissioning Group.

ICB	Call Activity M1-M10 2024/25		2min C2 requirement (s)
Sussex	356566	37%	44
Surrey	178486	18%	22
Kent	379674	39%	47
Frimley	52311	5%	6
TOTAL	967037	100%	120

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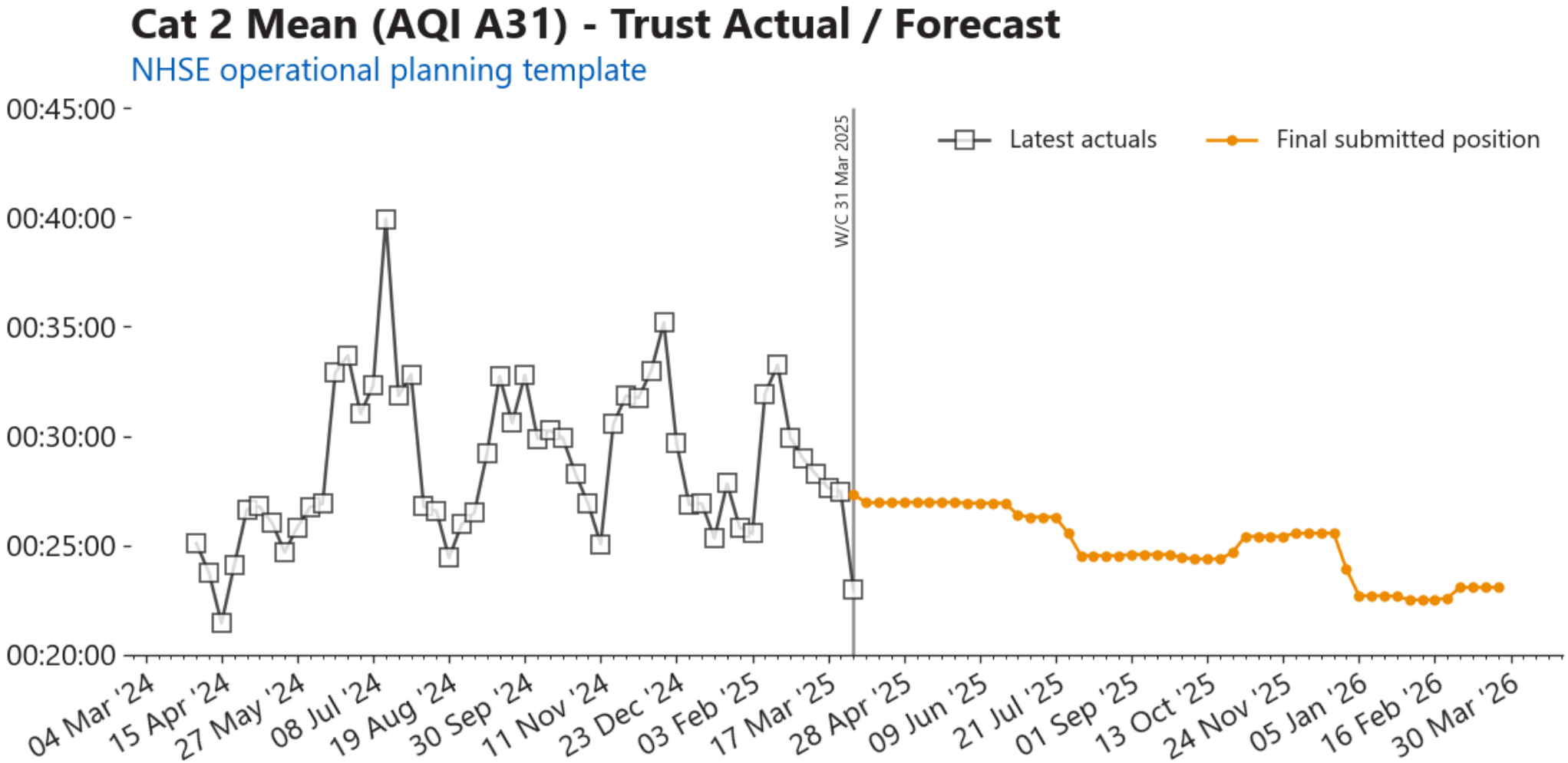
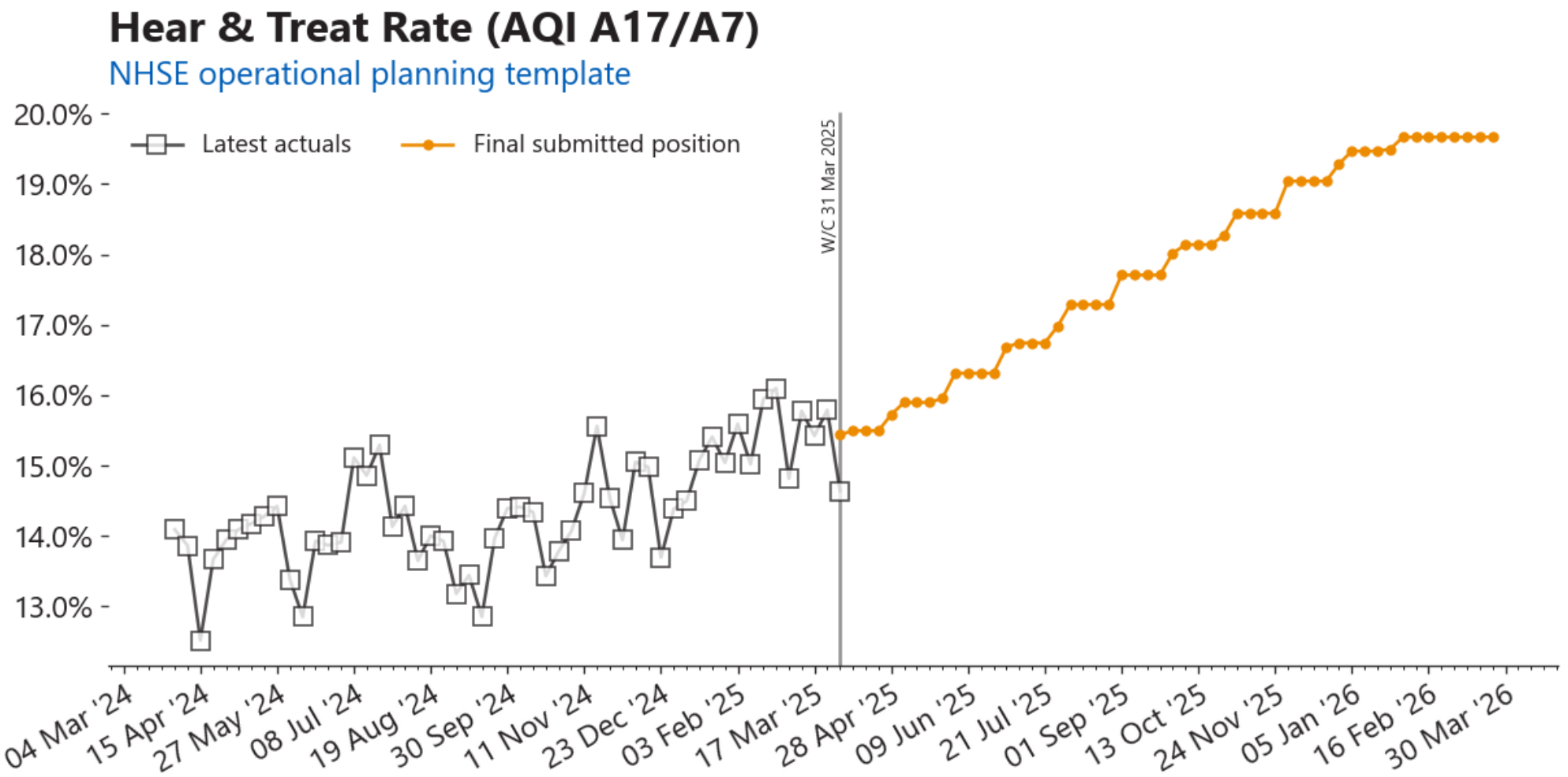
Appendices: Trajectories

Category 2 Mean 2025/26

South East Coast Ambulance Service
NHS Foundation Trust



Hear & Treat 2025/26



South East Coast Ambulance Service
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Item No	09-25

Name of meeting	Trust Board
Date	30.04.2025
Name of paper	**Board Assurance Framework**
Executive Lead	Director of Corporate Governance

Following the engagement on the operating plan and its impact on the priorities for 2025-26, in line with the Trust Strategy, the BAF has been updated and will guide the focus of the Board and its committees through the year ahead. This version was reviewed at the joint meeting of the Board and COG on 24 April.

Progress against the priorities from 2024-25 are summarised in the slides under each Strategic Aim.

The structure of BAF remains unchanged. It is set out against the three Strategic Aims and the priorities are summarised in slide 9 and set out in more detail in three following slides. Progress will be reported from the meeting in June, by which time the annual business cycle will have been updated for the Board and its committees. Work is also underway to ensure greater alignment between the BAF and the IQR, linking directly from the 2025-26 Outcomes section.

Recommendations, decisions or actions sought	The Board is asked to approve the new version of the BAF.

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Board Assurance Framework

2025/2026

Our Strategy 2024-2029

- **Our Vision:** To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients

- **Our Purpose:**

Saving Lives,

Serving Our Communities

Our Delivery Model

South East Coast Ambulance Service NHS Foundation Trust

Our strategy is to differentiate our response to best meet patient needs

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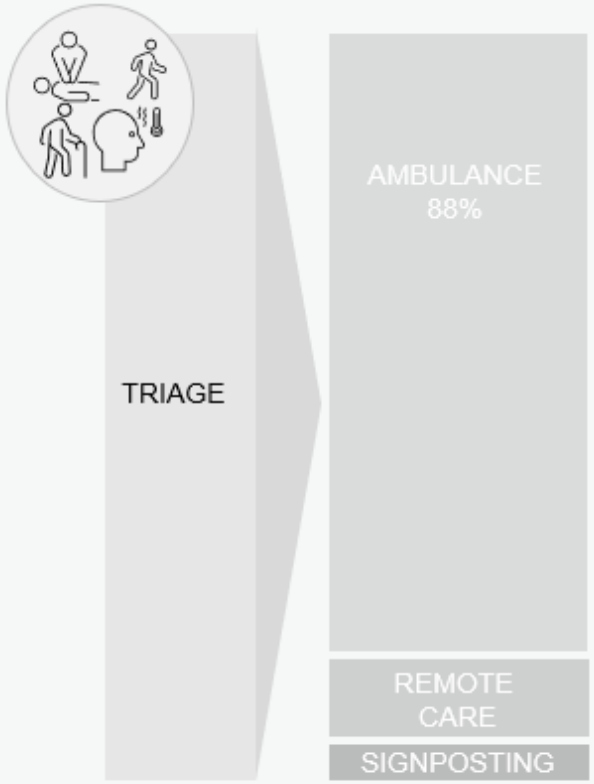

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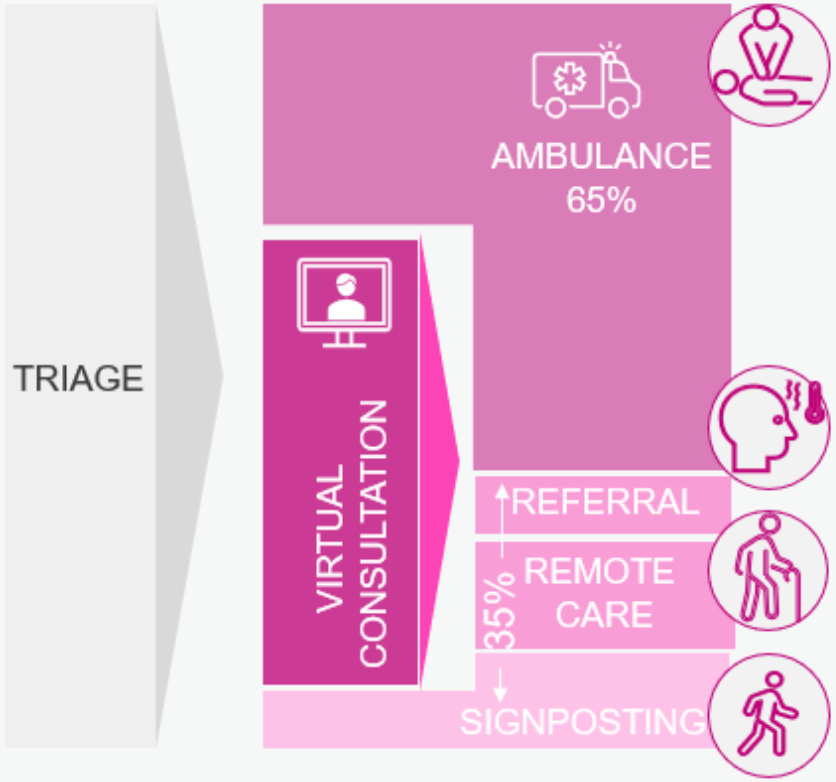

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Connecting other patients with the right care, if they don't need us:

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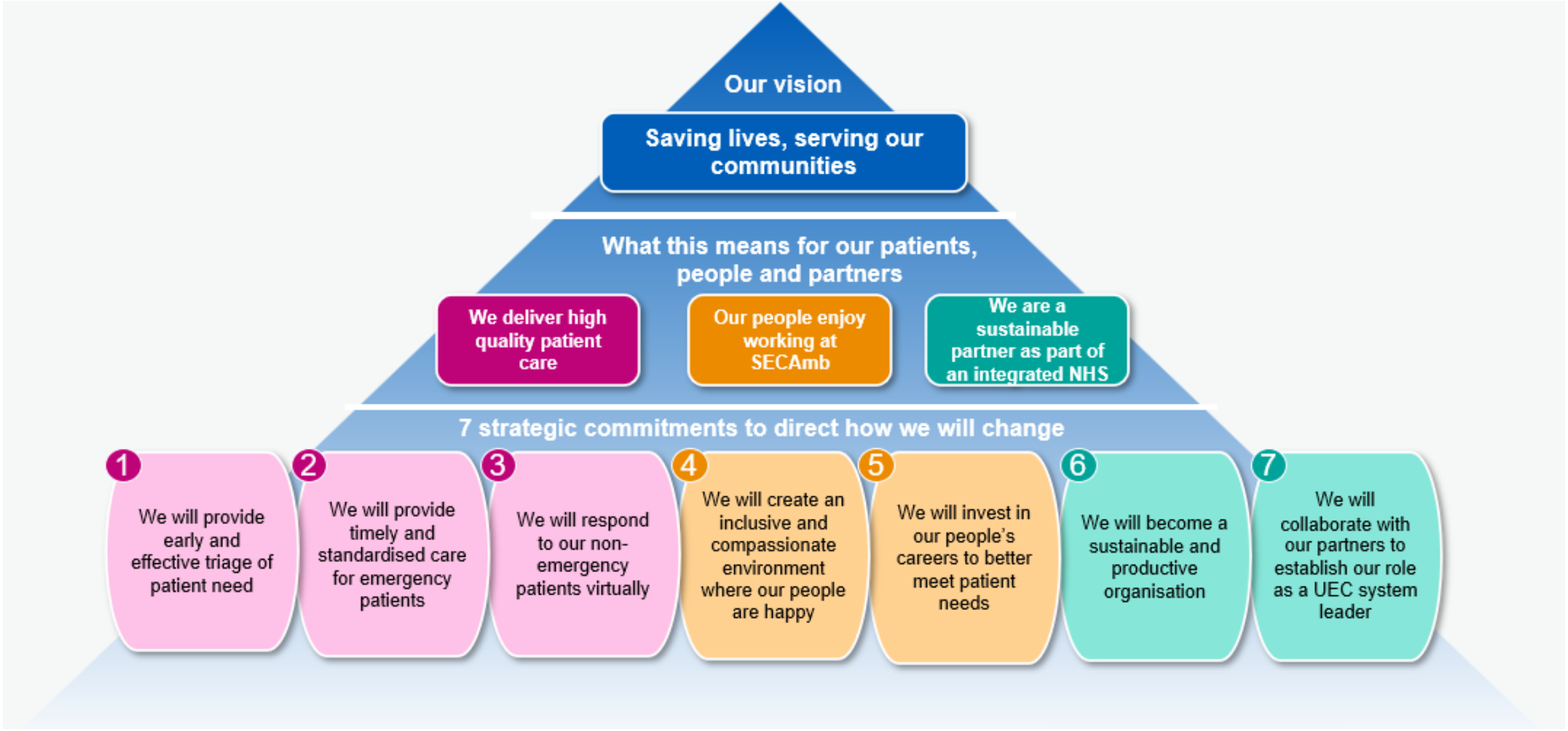
Our Strategic Framework

South East Coast Ambulance Service
NHS Foundation Trust



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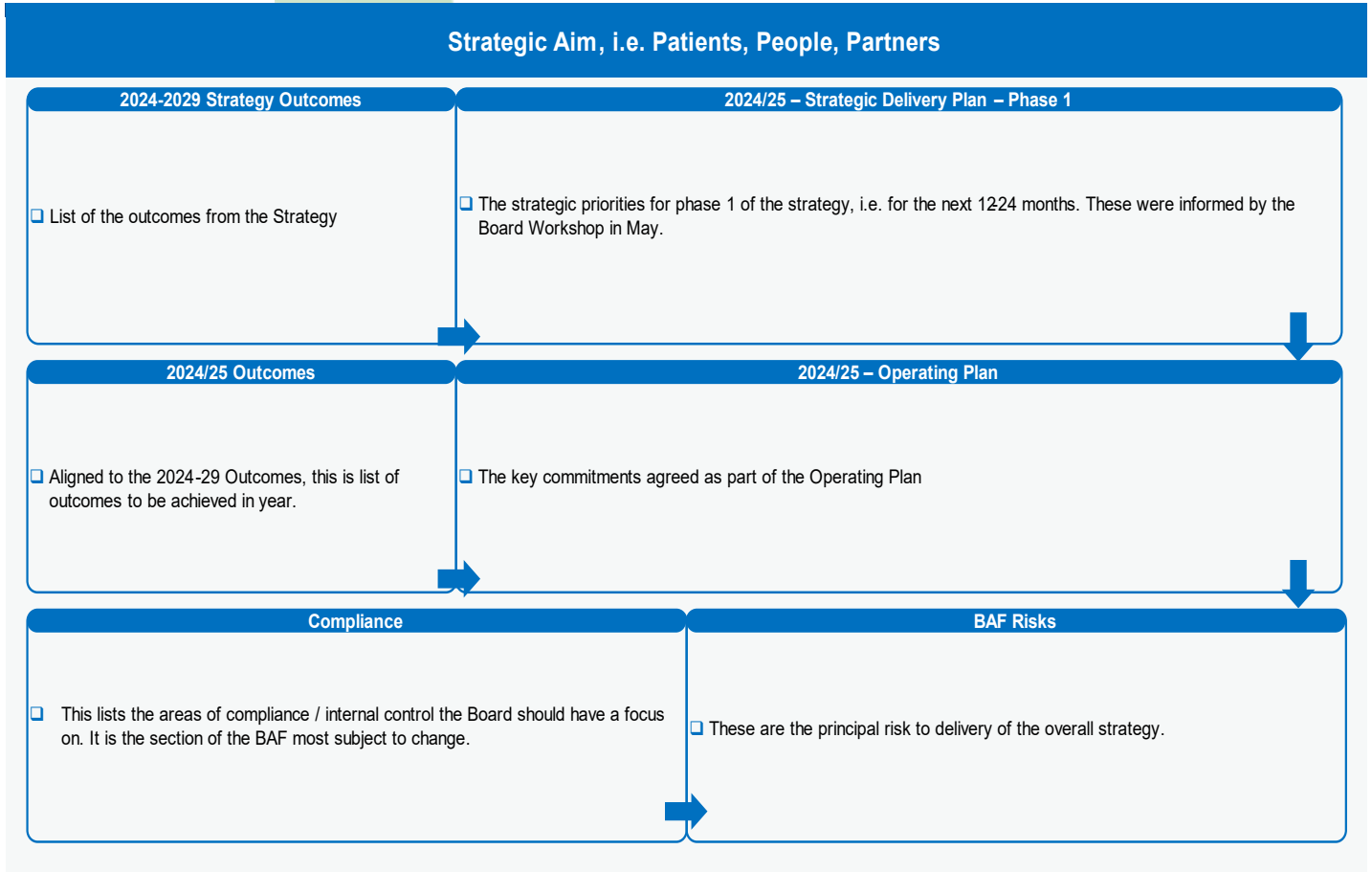
How our Board Assurance Framework (BAF) Works

Our BAF:

- The BAF is designed to bring together in a single place all the relevant information to help the Board assess progress against its strategic vision and the principal risks to delivery. This will support the Board's assurance on both the longer-term vision and in-year delivery.
- **Strategic Priorities** – this sets out the key priorities for the coming 12-24 months that will help set the foundations for delivery of the overall strategic vision.
- **Operating Plan** – this section of the BAF includes the key commitments the Board has made for the current financial year.
- **Compliance** – these are the internal control issues that are either most critical, or where the Board has greatest concern; they may therefore change over the course of the year subject to the level of the Board's assurance.



How our BAF reflects our Strategy :

South East Coast Ambulance Service NHS Foundation Trust

- The Trust's priorities are aligned with three strategic aims, which help frame each meeting agenda of the Trust Board.
- Taken together with the related risks and sections of the IQR, The BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims:

Delivering High Quality Care

We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.

Our People Enjoy Working at SECAmb

We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

We are a Sustainable Partner

We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

Reporting Templates

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

Project	Milestone	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024				Director of Operations	Quality & Patient Safety
	Implement first new hub	October 2024					
	Evaluation to inform future scope of virtual care	March 2025					
Clinical models of Care – Design and Agreement with ICBs	Scope determined with ICBs	Q2				Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3				Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee
Operational performance plan					
Deliver the three Quality Account Priorities	Post-discharge reviews				
	Reduction in Health Inequalities				
	Patient Care Records Review Implementation				
Expand number of volunteers by 150					
Implementation of 80% of NHSE PSRIF Standards/Principles					
Deliver 2 Clinical QI priorities	Safety in the Waiting List				
	IFTs				

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy	20	04	SP&T
There is a risk that, as a consequence of the NHS funding environment we have insufficient levels of leadership capacity to deliver our strategy and/or that our leadership structure does not allow for effective strategic delivery.	12	08	CEO

Exception reporting will be provided as required following committee oversight

Board Highlight Report –

Progress Report Against Milestones:	SRO / Executive Lead:	Previous RAG	Current RAG
Key achievements against milestone			
Upcoming activities and milestones	Risks & Issues:	Score	Mitigation
Escalation to Board of Directors			

Q1 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)

Each of our strategic delivery programs will receive a Board-Level highlight report at every meeting

BAF Risk 537 – Funding

There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy

Controls, assurance and gaps

Controls: we have the vision and a strategy which has been signed off by the Board. There is an agreed financial plan, with enhanced financial controls to be implemented. Our partners have signed up to the vision, however the available funding has not yet allowed them to commit to delivery.

Gaps in control: there is no agreement in place with commissioners for the 2024/25 financial year. No agreed multi-year plan with associated funding to support implementing our clinical model.

Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25.

Negative sources of assurance: This year we are planning for a £16.5 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.

Gaps in assurance: The Board has not yet seen the plan between June 2024 and December 2024 to develop the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work. The Board has not yet seen the recommendations from the Southeast Ambulance Commissioning review or how the recommendations will affect the ability to deliver the multi-year plan.

Accountable Director	Strategic Planning and Transformation
Committee	Finance and Investment Committee
Initial risk score	Consequence 5 X Likelihood 4 = 20
Current Risk Score	Consequence 5 X Likelihood 4 = 20
Target risk score	Consequence 4 X Likelihood 1 = 04
Risk treatment	Treat
Target date	Q4 2024/25

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
We are developing a multi-year plan to exit RSP in collaboration with ICB partners and our region	SP&T, CFO	Q3 2024	The work is due to commence at the end of June, once the year one funding round is resolved.

Each of our BAF Risks has a detailed risk page

What we will deliver in 2025/26

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Deliver an average Cat 2 mean response time of 25min and 999 call-answer of 5 seconds
- Increase clinical triage of Cat 2-5 calls, delivering Hear & Treat of .7% by ar'26
- Deliver a shift across our 3 Focus Models of Care:
  - Palliative and EOL Care
  - Reversible Cardiac Arrest
  - Falls, frailty and older people
- Deliver improved clinical productivity using QI (Eq. to 4mins C2 mean)
- Overhaul our oversight framework for quality of care aligned to our new divisional model, including station accreditation programme

Our people enjoy working at SECAmb

- Completion of our organisational re-design to deliver empowered Divisions
- Improve our People Services enabling effective support for our staff and enhanced ER resolution timelines
- Publication of our workforce plan in alignment with our clinical models of care
- Implement Wellbeing Strategy
- Launch of our first ever Shadow Board
- Expansion of the role of our volunteers

We are a sustainable partner as part of an integrated NHS

- Safely deliver our financial breakeven plan, including our efficiencies of £10m
- Work in partnership with the systems to deliver productivity improvements (Eq. to 2mins C2 mean)
- Develop a Business Case and roadmap for collaborating more closely with SCAS
- Publish a strategic estates plan that supports our development for the next 5 years
- Improve the quality and integration of our data systems to improve efficiency, productivity and outcomes
- Deliver vehicle replacement, >90 new MAN DCAs to be deliver in-year

Delivering High Quality Patient Care

We deliver high quality patient care

1	Tier 1
2	Tier 2
QI	QI
Directorate objective	Directorate objective

2024 2029 Strategy Outcomes

- Deliver virtual consultation for 55% of our patients
- Answer 999 calls within 5 seconds
- Deliver national standards for C1 and C2 mean and 90th
- Improve outcomes for patients with cardiac arrest and stroke
- Reduce health inequalities

2025/26 Strategic Transformation Plan

- Models of Care 1
  - 3 Focus Models of Care (Reversable Cardiac Arrest, Palliative and End of Life Care, Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework

2025/26 Outcomes

- C2 Mean <25 mins average for the full year
- Call Answer 5 secs average for the full year
- H&T Average for 25/26 of 18% / 19.4% by end of Q4
- Cardiac Arrest outcomes – improve survival to 11.5%
- Internal productivity
  - Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes
  - Job Cycle Time (JCT)
  - Resources Per Incident (RPI)

2025/26 Operating Plan

- Operational Performance Plan – continuous monitoring through the IQR
- Set out HI objectives for 2025-2027 by Q3
- Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- Deliver our three Quality Account priorities by Q4
- Patient Monitoring replacement scheme by Q4 & design future model for replacements 2
- Develop a Trust-wide patient safety improvement plan
- Deliver improved clinical productivity through our QI priorities by Q4
  - IFTs
  - EOC Clinical Audit

Compliance

- EPRR assurance
- Medicines Management & Controlled Drugs
- PSIRF Compliance

BAF Risks

- **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our clinical strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer, or unimproved, patient outcomes.
- **Internal Productivity Improvements:** There is a risk that we are unable to deliver planned internal productivity improvements and improved patient outcomes as a result of insufficient or unfulfilled changes to organisational design and models of care, resulting in unrealised improvements to patient outcomes.

Our People Enjoy Working at SECAmb

Our people enjoy working at SECAmb

1	Tier 1
2	Tier 2
QI	QI
Directorate objective	Directorate objective

2024 2029 Strategy Outcomes

- Deliver career development opportunities for all staff across the Trust – 70% staff surveyed agree
- Our staff recommend SECAmb as place to work – over 60% staff surveyed agree
- Reduce staff turnover to 10%
- Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2025/26 Strategic Transformation Plan

- **Organisational Operating Model Programme** 1
  - Implement corporate restructure (including Hybrid Working Practices) going live **by end Q3**
  - Transition to Clinical Divisions **by end Q2** and undertake Clinical Operating Model design by end of Q4
- **People Services Improvement Programme** 1
  - Embed People Services new structures to enable effective support, with 90% staff in post by end of Q2
  - Develop Case for Change for optimising Recruitment and Service Centre by end of Q3
  - Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER services by end of Q4
  - Develop capability and professional practice of People Services
- **Long-term Workforce Plan Definition**
  - Scope to be developed by Q3 following the development of Models of Care

2025/26 Outcomes

- Improve staff reporting they feel safer in speaking up – statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as place to work – statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened.

2025/26 Operating Plan

- Full implementation of Resilience (Wellbeing) Strategy **by Q4**
- Implement Shadow Board **in Q1**
- Embed Trust Values & associated Behaviour Framework **by Q4**
- Refresh of the professional standards function by **end of Q2**
- Development of Integrated Education Strategy, informed by the EQI **by end of Q3**
- Establish the approach to volunteers

Compliance

- Equality Act / Integrated EDI Improvement Plan
- Sexual Safety Charter Commitments
- Education
- Statutory & Mandatory Training & Appraisals

BAF Risks

- **Culture and Staff welfare:** There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.
- **People Function:** There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
- **Workforce capacity & capability:** There is a risk that the Trust does not have a sustainable workforce model, supported by a 2025/26 workforce plan with a clearly identified clinical skill mix, due to competing strategic and operational priorities, resulting in an inability to transition from physical to virtual care long-term.
- **Organisational Change:** There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

1	Tier 1
2	Tier 2
	QI
	Directorate objective

2024 2029 Strategy Outcomes

- Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- Increase utilisation of alternatives to ED - 12 to 31%
- Reduce conveyance to ED - 54 to 39%
- Saving 150-200k bed days per year
- Reduce direct scope 1 CO2e emissions by 50%

2025/26 Strategic Transformation Plan

- Advance **South-East Ambulance Transformation Programme** through 1
  - Progress functional priority areas (SCAS / SASC)
  - Develop Business Case (SCAS)
  - Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework** to support strategy delivery and sustainability, including break-even trajectory.
- Progress delivery of our **digital enablement** plans, presenting a detailed plan to the Board at the end of Q1

2025/26 Outcomes

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase UCR acceptance rate to 60-80%
- Reduce Vehicle off Road Rate – 11-12%
- Achieve over 90% Compliance for Make Ready

2025/26 Operating Plan

- Deliver **Financial Plan**
  - Meet CIP Plan of £23m (Efficiencies - £10m; Clinical productivity – eq. £10.5m)
- Deliver **strategic estates review** (inc. Trust HQ refurbishment - 111/999 Contact Centre & Corporate Floor) 2
- Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2 with clear milestones in place
- Complete **support services review**, including Make Ready model and vehicle provision 2
- Monitor **system-led productivity** schemes, improving alternatives to ED and reducing hospital handovers.

Compliance

- Heath & Safety
- Vehicle & Driver Safety / Driving Standards
- Data Security / Cyber Assurance Framework

BAF Risks

- **System Collaboration:** There is a risk that, due to leadership capacity, the Trust does drive collaboration, resulting in reduced strategic delivery.
- **Sustainable Financial Plan:** There is a risk that, due to significant sector uncertainty and challenging productivity plans (see separate risks), we do not deliver our financial plan for 2025/26.
- **Cyber Resilience:** There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.
- **Digital Capacity, Capability & Investment:** There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery.
- **System Productivity**: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved.

South East Coast Ambulance Service
NHS Foundation Trust

		Item No	10-25

Name of meeting	Board
Date	30 April 2025
Name of paper	Risk Appetite Framework
Executive sponsor	Peter Lee, Director of Corporate Governance
Author name and role	Shakeel Oozeerally, Head of Risk

This paper provides Board with:

- An overview of the Risk Appetite Framework.
- Indicative risk appetite levels for each identified risk type at **Appendix one**
- Proposed next steps related to how this will be implemented in a phased way over the next 12 months.

The recommended approach has been reviewed and supported firstly by the Executive Management Board and by the Audit & Risk Committee.

The principal aim of the Framework is to help set out more effectively the amount and type of risk that the Board is willing to take to meet its strategic aims as well as enhancing effective decision making.

Learning from others, the proposal is to essentially undertake a pilot led by the Board and SLT before wider roll out later in the year. In the meantime, we will use the learning as we go to amend the Framework, as necessary. An implementation plan will then be developed for the wider roll out, which will be overseen by the Audit & Risk Committee.

Recommendations, decisions or actions sought	The Board is asked to confirm the risk appetite levels against each risk type in Appendix one and thus to approve the Risk Assurance Framework for phased implementation.

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Not required

1. Purpose

1.1 This paper provides a brief background relating to the work so far regarding the risk appetite, risk appetite definitions and the proposed next steps.

1.2 **Appendix One** contains the detailed types and indicative appetite levels, with some current risks drawn from the risk register to demonstrate some examples where, subject to the approval of appetite level at Board, risks would be within and outside of appetite.

2. Background

2.1 In December 2024, Audit and Risk Committee (AUC) requested that an organisational risk appetite framework should be agreed at Board by April 2025. In that paper to AUC, it was agreed that the approach would then be implemented throughout the organisation, focussing on Board and Executive discussions in the first instance.

2.2 Throughout February, Executives were consulted individually for their comments on the appended categories and types. These were confirmed as correct at the Executive Management Board in early March 2025. Executives were then asked to provide indicative appetite levels against each agreed risk categories and type, which were subsequently agreed.

2.3 The following principles have been worked to, with agreement from EMB in relation to the development of the statement on risk appetite:

- The approach should be as straightforward and user friendly as possible.
- We will learn from other, similar organisations.
- Risk appetite must align to SECAmb's strategic objectives and to the CQC domains.
- Overlap between risk appetite types is inevitable.
- Executives have responsibility across all risk types, not just for those that most strictly align with their portfolios.
- The approach should be iterative and implementation across the Trust will be in use at Board and Executive level.

2.4 AUC reiterated its support for the approach and timeframes at its meeting on 24 March 2025.

3. Levels of Risk Appetite

3.1 Following discussion at EMB in March 2025, the following appetite levels have been applied to the risk types in **Appendix one:**

Appetite Level	Definition	Provisional appetite scoring
Open	Willing to consider all options and choose one that is most likely to result in successful delivery	Could mean within appetite risks score between 1-20.
Cautious	Preference for safe options that have a low degree of residual risk	Could mean within appetite risks score between 1-12.

Averse	Avoidance of risk and uncertainty is a key objective	Could mean within appetite risks score between be 1-5.

4. Risk Appetite

4.1 The indicative appetite levels are provided at **Appendix one** of this paper. The table below shows the number of responses received from Executives by each appetite level.

	Averse	Cautious	Open
Our People Enjoy Working at SECAmb			
Workforce Supply & Retention	0	3	6
Workforce Skills & Deployment	1	4	4
Culture and Behaviours	2	5	2
We deliver High Quality Patient Care			
Patient Safety	5	4	0
Patient Care & Effectiveness	2	6	1
Patient Experience	0	7	2
Research, Innovation & Development	1	1	7
Business Continuity & Resilience	2	5	2
Infection Prevention Control	2	5	2
We are a Sustainable Partner			
Provider Collaboration	1	3	5
Commissioning & Strategic Delivery	2	2	5
Financial Effectiveness	1	4	4
Financial Controls	6	1	2
Legal & Compliance			
Political & Policy	1	5	3
Legal, Compliance & Regulatory	5	4	0
Health & Safety	3	6	0

5. Request and next steps

5.1 The Board is requested to approve this final version of the Risk Appetite Framework,

including the Statement on risk appetite.

5.2 To apply the risk appetite to the Board Assurance Framework in order to form the basis of future discussions and decision-making surrounding the Trust's approach to managing risks on a on-going basis.

5.3 Updating the risk management platform (DCIQ) to ensure that risks are mapped against a risk type and assigned an appetite – this will be for the purpose of discussion and decision-making internally amongst the Executives and other senior management teams within the Trust.

5.4 It is also intended that reviews will be conducted as and when necessary to ensure that the framework is kept relevant in line with the Trust's objectives and that any future development will be presented at the Board for discussion and approval.

Appendix One

Risk Appetite Statement

Our purpose is to save lives, serving our communities, and we do so by embracing our core values of Kindness, Courage and Integrity. Our vision is to collaborate closely with health and social care providers across the southeast, ensuring the delivery of high-quality patient care and creating an environment where our people enjoy working at SECAmb. This is all part of our 2024-2029 Strategy.

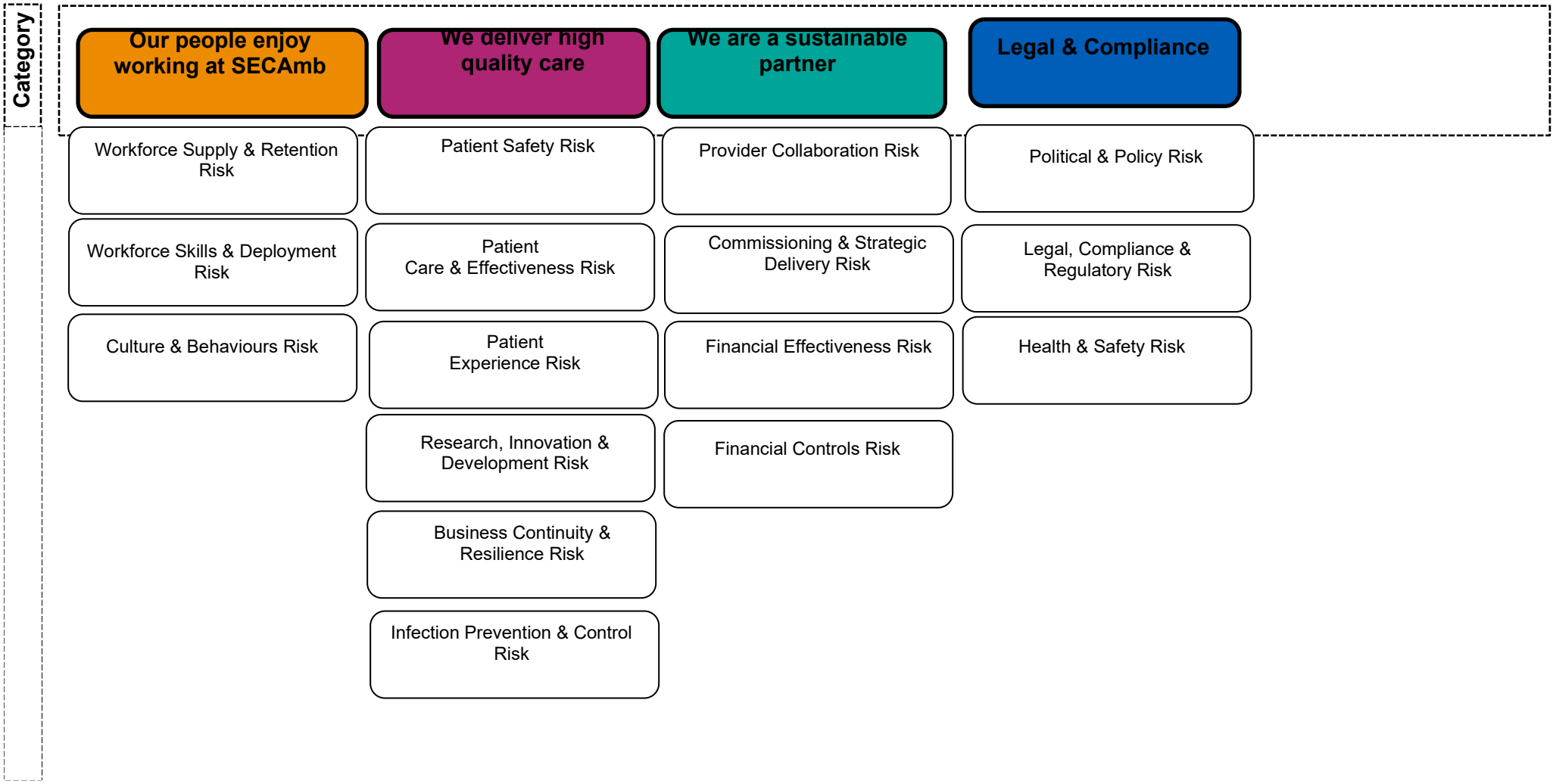
Our Board Assurance Framework includes the key risks to achieving this strategy, structured by our three strategic aims; delivering high quality care, our people enjoy working at SECAmb and, we are a sustainable partner.

It is our responsibility to manage risks in the interests of patients and the communities we serve. Our Risk Appetite Framework support this by outlining the amount and type of risk that we are willing to take to meet our strategic aims. It will also enhance effective decision-making and underpin consistent and proportionate risk management as we work to deliver our strategy.

Whilst we intend to manage risks within appetite, we may take a decision to act in a more risk averse manner or to accept certain risks. This is likely to be exceptional and will have a clear, documented rationale agreed by senior leaders.

Risk is inherent to the environment in which we operate, and we acknowledge that our risk environment is not static and therefore our appetite towards risk will be subject to ongoing review – to that end, our Risk Appetite Framework will be reviewed by the Board at least annually.

List of Risk Types & Risk Categories



Risk Appetite Scale

Appetite Level	Definition	Provisional appetite scoring
Open	Willing to consider all options and choose one that is most likely to result in successful delivery	Could mean within appetite risks score between 1-20.
Cautious	Preference for safe options that have a low degree of residual risk	Could mean within appetite risks score between 1-12.
Averse	Avoidance of risk and uncertainty is a key objective	Could mean within appetite risks score between be 1-5.

Risk Type Definitions

Delivering high quality care	We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.	CQC Domains	Appetite
Patient Safety	There is a risk that the Trust does not have effective processes in place for monitoring patient safety, including learning from patient safety incidents and audit findings.	Safe	Averse
Patient Care & Effectiveness	There is a risk that the Trust does not deliver effective, evidence-based clinical care to prevent harm and to achieve optimum outcomes for patients.	Effective	Cautious
Patient Experience	There is a risk that the Trust cannot align patient feedback to service improvement to improve patient experience.	Responsive, Caring	Cautious
Research, Innovation and Development	There is a risk that the Trust does not research and innovate to becoming a learning organisation that keeps pace with patient need.	Effective	Open
BC & Resilience	There is a risk that the Trust is unable to maintain business operations.	Responsive	Cautious
Infection Prevention & Control Risk	There is a risk that the Trust does not have effective processes and expertise in place to plan for and respond to outbreaks, endemics and pandemics.	Safe	Cautious

Our people enjoy working at SECAmb	We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.	CQC Domains	Appetite
Workforce Supply & Retention Risk	There is a risk that the Trust is unable to attract and retain a diverse workforce with appropriate capability and motivation.	Responsive	Cautious
Workforce Skills & Deployment Risk	There is a risk that Trust cannot plan and effectively meet demand using the right people with the right skills.	Safe	Cautious
Culture & Behaviours Risk	There is a risk that the Trust does not have a culture which fosters appropriate behaviour, preventing discrimination, bullying and harassment and incivility.	Well-led, caring	Cautious

We are a sustainable partner	We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long term resilience and efficiency.	CQC Domains	Appetite
Provider Collaboration Risk	There is a risk that the Trust has insufficient collaborative and partnership working to join up care and drive service efficiency.	Well-led, safe, responsive	Cautious
Commissioning & Strategic Delivery Risk	There is a risk that the commissioning environment does not support delivery of SECAmb's strategic ambitions.	Well-led	Cautious

Financial Effectiveness Risk	**There is a risk that the Trust fails to deliver productivity and efficiency improvements to ensure it achieves best value for money.**	**Well-led, effective**	**Cautious**
Financial Controls Risk	**There is a risk that the Trust has ineffective financial controls (for example, in relation to counter-fraud, reporting, financial planning and cash management) to adequately maintain a stable financial position.**	**Effective**	**Averse**

Legal and Compliance		**CQC Domains**	**Appetite**
Political & Policy Risk	**There is a risk that the Trust cannot input into and respond appropriately to changes in policy and in the political landscape.**	**Well-led**	**Cautious**
Legal, Compliance & Regulatory Risk	**There is a risk that the Trust does not comply with legislation and regulatory standards.**	**Well-led, safe**	**Averse**
Health & Safety Risk	**There is a risk that the Trust does not protect the health, safety and welfare of patients, staff, visitors, volunteers and property.**	**Safe**	**Cautious**

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	11-25

Name of meeting	Trust Board
Date	30 April 2025
Name of paper	Board Development
Responsible Director	Trust Chair
Author	Peter Lee, Director of Corporate Governance/Company Secretary.

This paper set out the Board's programme of development for the coming year. The content draws upon the needs identified in the most recent external Well-Led Review reported in February 2024 and the NHS England Insightful Board publication. It also updates on progress against the recommendations from the 2024 Well-Led Review.

By using these two papers as the driver for the content the programme takes a strategic rather than a reactionary approach and it means sessions can be planned well ahead and are rooted in the identified need. Although, as a basic principle, any element can be supplanted to accommodate a rising tide or in-year issue.

The actual workshop days are supported in-between by individual reflective learning which will require members to complete a self-assessment tool or read a selected paper. Each workshop will commence with a quick overview of those reflections.

The proposal also suggests the Development Plan makes greater use of the breadth of knowledge and experience of the Non-Executive Directors and as sessions reach a planning stage, we invite them to lead some of the sessions and share their insights.

The Improvement Director is currently acting as the link in ensuring the Board Development Plan, The Executive Development Plan and the SLT Development Plan stay aligned and will work with the Director of Corporate Governance and Deputy Chief Executive so that there is continuity once the Improvement Director leaves the organisation.

Recommendations, decisions, or actions sought.	**The Board is asked to approve the Plan and to adopt the Insightful Boards responsibilities as the Board's purpose**

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**

Board Development for 2025/26

Proposal

1. Introduction

1.1. The purpose of the Trust's Board Development Programme is to provide a mechanism that facilitates the Board becoming as effective as possible. The programme can draw upon reflection, education, challenge, instruction and any other mechanism that encourages the Board to become even stronger and more effective.

1.2. Going into 2025 we propose that the development programme draws extensively on the skills of the existing team. Our directors and non-directors have a wealth of experience from other providers and industry. This not only means we can learn from each other, but we will also be more understanding of each other as we will identify our individual and team strengths and passions. We will also learn where our collective gaps are.

1.3. This will also be underpinned by the continuation of the development plan for the Executive members of the Board and the individual development plans for the non-executive members.

1.4. Inevitably the Board's wide range of responsibilities means there is potentially an equally wide range of subjects that can be included in a Board Development Programme and when drafting a programme, it can be tempting to focus on the exciting, the loudest and the mandated and it is possible to lose sight of what the Board actually needs.

1.5. Therefore, in mapping out the 2025/26 Board Development Plan we have drawn upon two driver publications. 1) the most recent needs analysis bespoke to SECAMB and 2) The NHS England publication The Insightful Board (and its associated publications).

1.6. We recognise that as we progress through the programme and learn from events and each other, we may identify additional areas that need to supplant some of the proposed programme but by plotting an initial outline for the whole year it is less reactionary and more strategic.

2. Risks

2.1. This work has no direct correlation to the risks contained within the BAF or any high risks within the risk register. However, there is an indirect relationship to the entire risk register in that a high performing Board will have better control of the risk agenda.

2.2. Risk oversight is identified as a specific area that we wish to enhance within the Board Development Plan. The risk management workplan identifies three high level priorities of focus:

- Develop and embed a risk appetite framework – see separate agenda item.
- Develop training, based on identified gaps from the training needs analysis and begin implementation.
- Support the continued development of risk-based decision making at Board and Committee level.

2.3. The development plan will help in driving these priorities forward and prepare the groundwork for how we will roll out more widely the risk appetite framework later in the year.

3. Driver Publications

3.1. The following section briefly outlines the two driver publications.

The Insightful Board - NHS England

3.2. In November 2024 NHS England published *The Insightful Board* (2024) to help Boards understand and strengthen its role within a provider organisation. The guidance is not mandatory but is based on best practice advice. Non-compliance is not in itself a breach of any regulatory requirement. However, we consider the model to be extremely helpful as it presents a clear purpose and outlines supportive governance. We intend to use this document to drive some of the content of the development programme.

3.3. The Insightful Board suggests six areas where the Board has collective responsibility.

- ensuring high-quality and effective care for all patients and service users
- setting strategic direction, ensuring the executive has appropriate capacity and capability to monitor and manage quality of care and operational delivery
- adding value to the success of the organisation and its system
- using prudent and effective controls to lead the organisation
- promoting and adhering to the organisation's values
- ensuring the organisation's obligations and duties are met

3.4. We suggest we adopt these responsibilities as they provide clarity of purpose and will strongly connect the development plan with the role of the Board.

The 2024 Well Led Review - The Most Recent Needs Analysis

3.5. For the Trust the most recent *needs analysis* is the Well-Led review undertaken by The Governance Coach in 2024. The 2024 Well-Led review will also act as the second driver for the programme.

3.6. The Well-Led review identified 25 recommendations. A number of these are operational but 12 of the recommendations have a direct relationship with the work of the Board. A full update on the progress against the 25 recommendations is provided in Appendix I.

3.7. The 12 Board level recommendations are not specific Task & Finish actions but take the shape of reflective statements or considerations. So, to maximise the learning and the impact we have themed the 12 recommendations into 3 themes; Governance, Connectivity and Ambition for driving the content of the development plan.

4. The Three Themes

Governance

4.1. It is a statutory requirement for the Board to review its effectiveness as part of its cycle of business, but we aim to go beyond an annual review. Our aim is to ensure the Governance & Assurance cascade is effective and that all mechanisms up to

Board provide the necessary control and assurance for the Board of Directors. We will ask ourselves how effective we think our current system is and look at ways of improving this. With a particular emphasis on risk and curiosity. But we will also look at some of the softer aspects of the Boardroom, such as how comfortable we are with challenge and being challenged.

Connectivity

4.2. This has been a specific issue for the organisation. The findings within the Trust CQC inspection in 2022 demonstrate the importance of staying connected with the real issues by ensuring the Board remains accessible and is discussing the issues that concern our staff. The CEO and Chair's decision to include the Operational Unit Managers in the 2024 Board Development sessions has made an enormous contribution and reaches towards exemplar standards. We now have an opportunity to build on this and use this collaboration to ensure we stay connected and extend this connectivity into the areas of the service that are harder to reach. We will constantly ask how we reach beyond our usual audience and include this as part of each development event.

Ambition

4.3. This theme includes those areas that will help us reach our ambition. We will define what the Board's ambition is for itself as part of the early development work. This complements the strategy by asking what Board behaviours will help best support and drive that strategy. For example, how do we avoid group think and encourage and value alternative points of view, how do we know we are asking the right questions and how do we ensure unusual, and specialist subjects, have been rigorously challenged.

4.4. To some extent, work that can be done to embed inclusion can also act as a catalyst for wider improvement. A Board that is truly inclusive and values diversity of thought, culture and style is also likely to be more effective. Therefore, we wish to use inclusion as a theme that runs through the development work, and we will identify areas where we can improve our inclusion work as part of the Board's ambition.

4.5. This theme also includes other topics where the Board have identified they require further instruction or education.

5. Baseline

5.1. It would be helpful to measure our current collective competence. This can act as a baseline reading from which we can measure the impact of the next 12 months and may also help identify any specific gaps across the team. NHS England has produced a competency framework that aligns with The Insightful Board, and this was used as a baseline at the first Development Day of the new programme held last month.

NHS Leadership Competency Framework for Board Members

5.2. In 2019, the Tom Kark KC review of the Fit and Proper Person Test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors need to be able to meet and against which they can be assessed. The framework responds to that recommendation and forms

part of the NHS England Fit and Proper Person Test Framework for board members (FPPT). The competency Framework was published in 2024 and is also aligned to Our NHS People Promise, Our Leadership Way and the Seven Principles of Public Life (Nolan Principles).

5.3. The competency considers six competencies required of all Board members regardless of their role on the Board.

- Driving high-quality and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

5.4. We propose the programme commences with a peer and a self-assessment against the competencies.

6. Methodology

6.1. We want to ensure the development programme is engaging and inspiring. We also want the design to recognise that different people learn and develop in different ways and this approach is supportive to the Board wishing to be more inclusive. Therefore, a series of workshops is unlikely to engaging for everyone so we will have a mixed methodology which will include individual learning and reflective exercises out of the formal group setting.

6.2. Where possible we will use external experts to help us develop as this provides challenge and reduces group think, particularly when considering specialist subjects. But, in the main we wish to draw upon the resources we already have as we believe this helps develop the team, recognises and develops talent and is considerably more cost effective.

7. Compliance

7.1. This activity helps support adherence to the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and specifically the following regulatory requirements.

Regulation 17: Good Governance

Regulation 5: Fit and Proper Persons Requirement (Directors)

Regulation 19: Fit and Proper Persons Employed

Regulation 18: Staffing

Regulation G4: NHS England Guidance

8. Recommendations

8.1. The Board is asked to approve the Plan and to adopt the Insightful Boards responsibilities as the Board's purpose.

- ensuring high-quality and effective care for all patients and service users
- setting strategic direction, ensuring the executive has appropriate capacity and capability to monitor and manage quality of care and operational delivery
- adding value to the success of the organisation and its system
- using prudent and effective controls to lead the organisation
- promoting and adhering to the organisation's values
- ensuring the organisation's obligations and duties are met

9. Appendices

9.1. Appendix I -Update on the 2024 Well-Led recommendations

9.2. Appendix II -Annual Board Development Programme

9.3. Appendix III -Programme for the Session on 1 May 2025.

APPENDIX I – 2024 Well-Led Recommendations Update (as of Feb 2025)

Key

Green Shading = Specifically addressed as part of the 2025/26 Board Development Plan

The following recommendations are not being used a list of Task & Finish recommendations therefore none of them are considered closed. They are being used as the externally identified areas where continued focus is required and will remain live through 2025.

They will be supplanted by a new set of recommendations after the next well-led review (proposed at the end of 2025).

	Update
Leadership	
Focus on board development to enable the incoming chair to establish positive relationships quickly and for the incoming chair to build a common sense of purpose and clear values for the board.	This will be included within the 2025/26 Board Development Plan under "Governance" *Specifically addressed in the March 25 & the May 25 Development Days*
Skills audit of NEDs to ensure recruitment of the right new NEDs to complement the existing skills and experiences	The COG hold a spreadsheet setting out the skills / experience of each NED. And its Nom Com uses this in its succession planning. In the last year one NED left (Tom – clinical) and the COG appointed two clinical NEDs, one with a pharmacy background given the recent medicines challenges. The next part of the succession plan which is currently underway is to seek a new audit committee chair, and then a new NED with financial expertise. *A self-audit of Board Competence is also part of the March 25 Development Plan*
All directors to reflect on their role in supporting the Chief Executive in leading change.	This was addressed through the 2024/25 Executive Development Programme and will continue into 2025/26
A conversation between the Board and the Council of Governors to better understand each other's roles and any development required to enhance effectiveness. Conversation to include what information and in what format the COG would find useful and the kinds of questions the COG should be asking of the board to enhance governance and accountability.	We hold two joint Board/COG meetings each year. We use these sessions to seek views from the different perspectives / roles of each group, on the strategic planning and delivery. The session in April 2024, for example, reflected on the tension between patient safety, financial balance, and pushing ahead with the strategy, where both Board & COG reinforced the parameters within which we can operate. And explored with COG how it wants the Board to deliver the strategy, in particular around its expectations on Patient engagement;

	Communication and transparency; Reporting to the public via Board and COG public sessions.
Actively seek out parts of the organisation that have yet to feel the positive impact of recent changes, listening to and acting on concerns / questioning with open curiosity where perceptions have come from.	This will be included within the 2025/26 Board Development Plan under “Connectivity” *Specifically addressed in the July 25 Reflective Session & the August 25 Development Day*
Consistently and clearly communicate the organisation’s priorities to staff.	This is part of the comms and engagement strategy & plan. The priorities in the BAF informed each of the directors’ objectives which were then cascaded.
Challenge the narrative of repeating where the organisation has been: the past is a place of reference, not a place of residence.	The main example to give here would be the HR Plan. The Exec and Board spent much time in the design of this reflecting on the mistakes of the past – as reported to Board via the PC, assurance was sought we had learned by the wider executive team lean in approach.
Revisit the Trust’s values and ensure there is clarity on what they are and what behaviours are expected as a result.	Values were refreshed as part of the new strategy in 2024. And part of the implementation plan. For example, used to frame the staff awards, Christmas stars etc.
Leaders at all levels to commit to living the values.	A second year Executive Development Plan is underway and a parallel plan is about to commence with the Deputy layer of the organisation. Both programmes will draw out how our leaders can strengthen the values.
Consider a simpler way of communicating the trust’s priorities to staff and wider stakeholders to ensure greater consistency of awareness.	Following the success of our engagement approach during the development of our Strategy, during 2024 we have focussed on publicising the delivery of a number of a year one priorities. Examples include extensive internal and communication, using a range of different mechanisms and including staff voices, of the implementation of our Clinical Hubs. This has resulted in significant local, regional and national media coverage, as well as opportunities for in-person visits by a wide range of stakeholders. We have ensured that we maintain the delivery of our Strategy and our priorities as an explicit ‘golden thread’ through all of our communications, ensuring that we frame our progress in the right way. To continue to reenforce that our Strategy is a driving force behind our delivery, we held a Big Conversation for our people on our Strategy and our priorities in July 2024. This was well attended by colleagues from across the Trust

	and provided a useful springboard for other internal comms. We will be marking the year anniversary of our Strategy in the Summer of 2025, focussing on what has been achieved so far and looking ahead.
Culture	
Review training for managers on	This is on-going and the inclusion of the OUMs
Governance	
Annual committee reviews to take place	This will be included within the 2025/26 Board
A review of out-of-date policies to be carried out with a view to identifying and mitigating areas of biggest risk on a prioritised basis.	This was undertaken as reported to the Audit Committee. Significant progress made with less than 10% now overdue (from circa 70% in Jan 2024).
Risks & issues	
Continue the journey to develop the risk maturity of the organisation	This will be included within the 2025/26 Board Development Plan under “Governance”

	Addressed through the programme with a specific focus in the April 25 & June 25 Reflective Sessions and the September 25 & November 25 Development Days
Increase consistency in the way poor performance is challenged and addressed.	This will be included within the 2025/26 Board Development Plan under “Ambition” *Specifically addressed in the March 25 & the May 25 Development Days*
Information	
Review IT risks, and opportunities, of using AI and technology, in order to increase the resilience of IT systems and maximise efficiencies of automation.	The AACE maturity review and separate BT reviews in Q3 helped to confirm the known risks and issues. These are being addressed by the Digital Enablement Programme, manged as a Tier 1 Programme in the BAF. *Elements of this will also be included within the September 25 Development Day*
Continue the good foundation of the Integrated Quality Report and encourage more leaders to use it in triangulating information to further strengthen decision-making.	Committee accountabilities will be reviewed as part of the 2025 Insightful Board work *Specifically addressed in the May 25 Development Day*
Noting that more board members assessed ‘requires improvement’ than ‘good’ for standard 6G: Explore as a board the robustness of assurances that your arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards are robust. A review of risks, issues, and near misses could be beneficial.	This will be included within the 2025/26 Board Development Plan under “Governance” *Specifically addressed in the September 25 Development Day*
Engagement	
Promote positive examples of where engagement has led to change to help encourage others to contribute.	During 2024 we have pushed forwards with the implementation of our emerging Engagement Framework that provides opportunities for staff across the Trust to get involved as much or as little as they wish, a variety of ways to get involved, reflecting colleagues’ different preferences and authentic assurance that the engagement is meaningful and not a tick box exercise. Examples where this has been successful: The roll-out of our ‘Connect with the Chief’ programme sees the Chief Executive spend half a day at one of our sites, engaging directly with our people through roundtable and 1 to 1

	discussions. This gives them the opportunity to feedback on issues which are important to them, as well as to showcase things they are proud of. All of the feedback given during these visits is collated, action taken where possible, individual feedback given where applicable and a summary of the visit shared with all staff. Feedback from attendees has been very positive so far; during Q1 a complementary programme – Engage with the Exec – will be rolled out. Our monthly 'Big Conversations' continue to go from strength to strength, with regular attendances of more than 150 colleagues. Feedback from the BCs is collated after every one and, depending on the topic, utilised as needed. For example, the feedback collated during the BC on the NHS 10 Year Plan was used directly as part of our Trust submission. During Q1 of 25/26, we will be going live with our Shadow Board. This will provide an opportunity to hear different voices from within the Trust, offering insight, feedback and ideas to senior decision-makers.
Check with staff networks asking if they feel their voices are heard within the organisation and respond	This will be included within the 2025/26 Board Development Plan under "Connectivity" *Specifically addressed in the July 25 Development Day*
Ensure time and appropriate resource is made available to enable staff to develop and grow themselves and their careers at the Trust.	A number of examples could be cited here, e.g. leadership programmes; newly established Wider SLT; inviting OUM+ to Board Dev sessions.
Prompted by the self-assessment, we recommend an exploration of current systems in place to support improvement and innovation work including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.	Link to QI and the various projects that have been reported, including those listed in the BAF. New staff recognition framework. Work underway to introduce a 'Dragons Den'.

APPENDIX II – Draft 2025/26 Board Development Programme

Key
Risk = ◆
Inclusion = ◆
Reaching the hard to reach = ◆

Date	Topic	Methodology	Rationale
March 25 **Development Day** *Just Board*	**Annual Effectiveness Review** • A reflective review of where we are now **The Board Ambition** • NHSE Insightful Board • What is our Ambition • What are our associated behaviours • Becoming more inclusive and extending our reach ◆ ◆ • Using risk as a template for curiosity ◆	Whole Day workshop attended by whole Board Membership	Statutory requirement to undertake an annual review. Part of the 2025 Board Ambition work
April 25 *Board Meeting Month* ***Self-Directed*** ***Peter Lee Leading***	**Risk 1** • A self-assessment on how we understand risk to help us increase our curiosity ◆	Individual self-assessment via a bespoke in-house questionnaire	Directly arising out of the 2024 well-led review Part of the 2025 Board Governance work
May 25 **Development Day** *Just Board*	**Team Building** • This is me - us as individuals, our experiences, our passions, our strengths and our fears • Our group strengths and our group weaknesses **Effectiveness – Annual Self-Assessment** • Part 2 of the session in March • A review of our committees • What would strengthen our committees • Reviewing their sight lines • Becoming more inclusive and extend our reach ◆ ◆	Whole Day workshop attended by whole Board Membership	Statutory requirement to undertake an annual review. Directly arising out of the 2024 well-led review Part of the 2025 Board Ambition and Governance work
June 25 *Board Meeting Month* ***Self-Directed*** ***Lead TBC***	**Risk 2** • Examples from business, industry and the wider NHS ◆	Individual reading of examples pulled together by the Risk Team and Executive Colleagues	Directly arising out of the 2024 well-led review Part of the 2025 Board Governance work
July 25 **Development Day** *Board & Wider Team*	**Speak-Up** • How do we foster a Speak-Up culture. What do we do as a Manager and a Board Member • Examples from the workforce • How can we ensure everyone feels able to speak up (inclusion) and	Whole Day workshop attended by whole Board Membership, Staff Network Chairs,	Directly arising out of the 2024 well-led review Part of the 2025 Board Connectivity work

	how do we influence the hard-to-reach groups ◆ • Hearing from the Staff Network Chairs • Examples from other Boards **Freedom to Speak-Up** • An honest conversation with the FTSU Guardian • How do we know our FTSU is as inclusive as possible ◆ • How do we ensure our hard-to-reach groups value and feel able to access FTSU ◆	Operational Unit Managers and Corporate Equivalents	
August 25 *Board Meeting Month* ***Self-Directed*** ***Janine Compton*** ***Leading***	**Flashcards** • Write-up and share your reflections and organisational learning following a site visit (scheduled in advance and including hard to reach) – could even include a focus group on "What is it like to work here" and it must be inclusive by design ◆	Experiential	Part of the 2025 Board Connectivity work
September 25 **Development Day** *Board & Wider Team*	**Data** • How do we govern our data • What are our data risks ◆ • What is the current law • Our individual and collective responsibility • Is our governance effective and are we assured • Do we have confidence in our own data quality • IT resilience in the future • How do we share today's outputs with the whole organisation ◆	Whole day of Instruction and Education attended by whole Board Membership, Staff Network Chairs, Operational Unit Managers and Corporate Equivalents	Directly arising out of the 2024 well-led review Part of the 2025 Board Governance work
October 25 *Board Meeting Month* ***Self-Directed*** ***Simon Weldon*** ***Leading***	**Different Models** • Examples of different models of Board oversight within the NHS	Individual reading of examples pulled together by the Corporate and Compliance Teams	Part of the 2025 Board Governance and Ambition work
November 25 **Development Day** *Just Board*	*Placeholder to prepare the Board for a different model* **Different Models** • Examples of different models of Board oversight within the NHS with various CEOs/Chairs outlining the strengths and the pitfalls of the various group models. • Risks and managing the risks ◆ • Issues & the law (such as data sharing) • How do we share today's outputs with the whole organisation ◆	Instruction, Education and learning from others	Part of the 2025 Board Governance and Ambition work

December 25 *Board Meeting Month* ***Self-Directed*** ***Each Non-Exec*** ***Leading***	**Read This** Read this interesting and relevant paper on governance (any aspect, personal choice)	Individual reading of articles pulled together by Non-Executive Colleagues	Part of the 2025 Board Connectivity work
January 26 **Development Day** *Board & Wider Team*	**Our People** • Staff Survey Results • Examples of where we may and may not be listening • Are we more inclusive ◆ • Are we aligned to staff issues? • How do we engage our most critical staff ◆	Whole Day workshop attended by whole Board Membership, Staff Network Chairs, Operational Unit Managers and Corporate Equivalents	Part of the 2025 Board Governance, Connectivity and Ambition work
February 26 *Board Meeting Month* ***Self-Directed*** ***Peter Lee Leading***	**Board Effectiveness Self-Assessment – Evaluation** • Complete the self-assessment for discussion in March 26	Individual self-assessment via a bespoke in-house questionnaire	Part of the 2025 Board Governance, Connectivity and Ambition work
March 26 **Development Day** *Just Board*	**Annual Effectiveness Review** • Feedback from the 2025 Well-Led Review (needs commissioning towards the end of 2025)	Whole Day workshop attended by whole Board Membership	Statutory requirement to undertake an annual review.

APPENDIX III

Draft Agenda May Development Day

Aims of the afternoon

- Part 2 of the Annual Effectiveness Review
- Board Ambition – To identify the characteristics of a strong Board and agree the pathway to becoming that Board

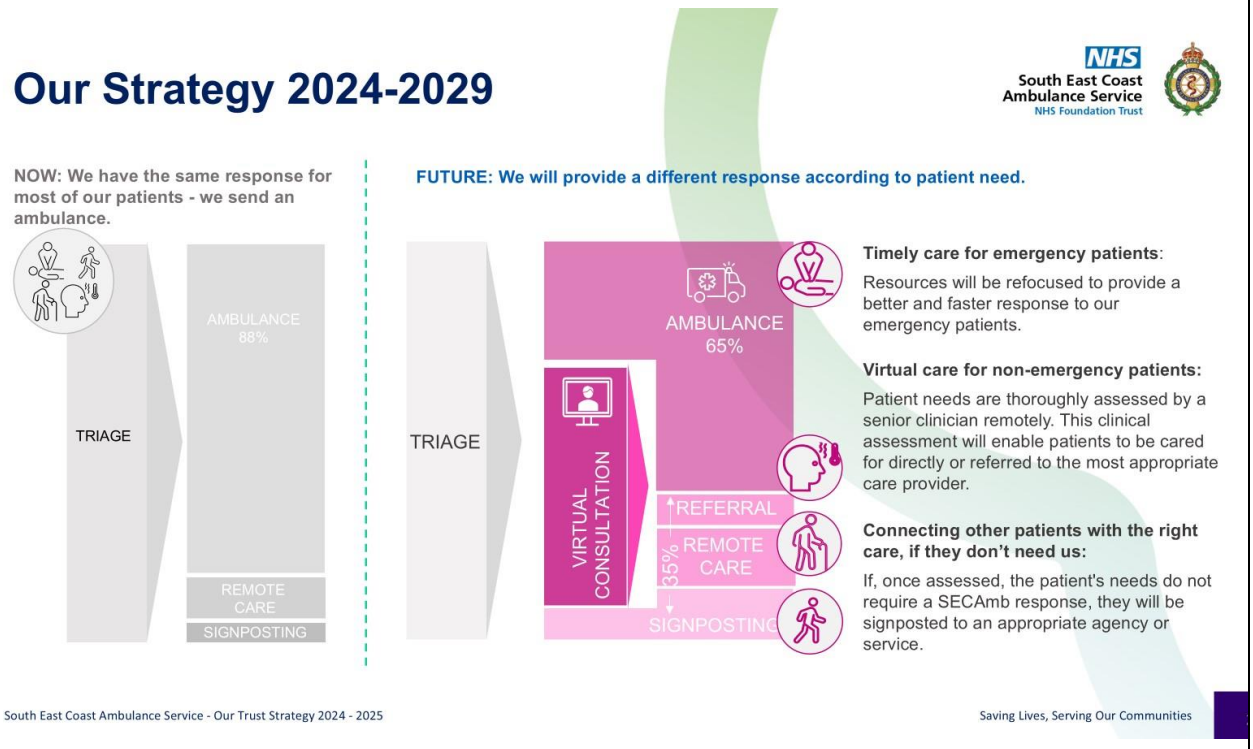
Time	Session	Facilitator
Welcome		
10.00-10.10	Welcome & Introductions • Updates since the last meeting	Michael Whitehouse Simon Weldon
Improving our Processes & Strengthening Governance		
10.10-10.40	Risk • Feedback & Discussion from the Risk Questionnaire	Peter Lee
10.40-11.10	The Insightful Board Assessment • Feedback & next steps [Summary of the assessment undertaken in pairs to be shared in advance with a NED(s) to lead a discussion]	TBC NED(s)
11.10-11.30 Break		
11.30-12.30	Board Improvement Follow-Up • Next steps, discussion & agreement of a set of “we will” statements	Steve Lennox
12.30-13.30	Committee Review • Review of Board Committees. [4 tables with questions to explore, which the chairs will use to inform the areas of improvement for the year ahead]	NED Chairs
13.30-14.00	**LUNCH**	
Team Building – Relationships & Collective Competence		
14.00-15.00	Leadership Competence Self-Assessment • Presentation & Discussion on what has been revealed [analysis of the self-assessments to be shared in advance to inform a discussion about areas of	Michael Whitehouse Simon Weldon

	strength / development, which will be considered in the planning for future sessions]	
15.00-16.00	EDI (inequalities) • Addressing some of the competence need from the self-assessment [The leadership competence self assessment identifies a gap on inclusion and so this will be to explore how the Board raises its competence, e.g. what to look out for / info needed / questions and curiosity – an external speaker will support this]	Margaret Dalziel
16.00-16.30	This is Me • More of a fun session getting to know us as individuals	tbc
16.30	**FINISH**	

Item No	12-25

Name of meeting	Trust Board
Date	30.04.2025
Name of paper	**Board Story – Models of Care**
Executive sponsor	Acting Chief Medical Officer

To support the Board's review of the priorities for 2025-26, which are aligned to the Trust's clinically led Strategy, the Board Story will describe Models of Care. This strategic priority is central to our strategic ambition to differentiate our response based on patient need, as illustrated in the diagram below.



Supported by the relevant lead clinicians, we will bring this to life by setting out the approach to three of the eleven Models of Care, which according to the related clinical condition aims to ensure improved patient outcomes.

Recommendations, decisions or actions sought	For Information & Assurance

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Board Assurance Framework

2025/2026

Delivering High Quality Patient Care

We deliver high quality patient care

1	Tier 1
2	Tier 2
QI	QI
	Directorate objective

2024 2029 Strategy Outcomes

- ❑ Deliver virtual consultation for 55% of our patients
- ❑ Answer 999 calls within 5 seconds
- ❑ Deliver national standards for C1 and C2 mean and 90th
- ❑ Improve outcomes for patients with cardiac arrest and stroke
- ❑ Reduce health inequalities

2025/26 Strategic Transformation Plan

- ❑ Models of Care 1
  - 3 Focus Models of Care (Reversable Cardiac Arrest, Palliative and End of Life Care, Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- ❑ Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework

2025/26 Outcomes

- ❑ C2 Mean <25 mins average for the full year
- ❑ Call Answer 5 secs average for the full year
- ❑ H&T Average for 25/26 of 18% / 19.4% by end of Q4
- ❑ Cardiac Arrest outcomes – improve survival to 11.5%
- ❑ Internal productivity
  - ❑ Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes
  - ❑ Job Cycle Time (JCT)
  - ❑ Resources Per Incident (RPI)

2025/26 Operating Plan

- ❑ Operational Performance Plan – continuous monitoring through the IQR
- ❑ Set out HI objectives for 2025-2027 by Q3
- ❑ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- ❑ Deliver our three Quality Account priorities by Q4
- ❑ Patient Monitoring replacement scheme by Q4 & design future model for replacements 2
- ❑ Develop a Trust-wide patient safety improvement plan
- ❑ Deliver improved clinical productivity through our QI priorities by Q4
  - IFTs
  - EOC Clinical Audit

Compliance

- ❑ EPRR assurance
- ❑ Medicines Management & Controlled Drugs
- ❑ PSIRF Compliance

BAF Risks

- ❑ **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our clinical strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer, or unimproved, patient outcomes.
- ❑ **Internal Productivity Improvements:** There is a risk that we are unable to deliver planned internal productivity improvements and improved patient outcomes as a result of insufficient or unfulfilled changes to organisational design and models of care, resulting in unrealised improvements to patient outcomes.

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Tier 1 End of Year 24/25 Summaries

Tier 1 End of Year 24/25 Summary

South East Coast Ambulance Service NHS Foundation Trust

High Level Programme Summary (as of 31/03/2025)

Models of Care

Programmes key achievements and Impact

Dec 2024 – March 2025

- Medical Portfolio Manager in place for overseeing delivery
- High level scope, outcomes and deliverables endorsed by EMB
- Programme governance enacted, including establishing steering and working groups with agreed ToRs and roles and responsibilities
- Identified Leads and resources for the delivery of all 11 MoCs
- Identified and documented existing ongoing work with MoCs - authors updated headline metrics, quality plan and maturity matrix for each of their MoCs
- 25/26 delivery aims drafted by authors, mapping of interdependencies between models and other programmes and areas of work in the Trust undertaken
- Authors of the MoCs aligned on the tasks, timeline, risks and benefits of the phased 3-year programme delivery approach
- Year 1 deliverables agreed across all MoC
- Identified 3 MoCs for system partner work and mapped to productivity schemes

Outstanding milestones moving into FY 25/26 and rationale for why?

- Mandate sign off due to go to Trust Board 30 April included within the BAF
- Agree MoC/ area to be worked on via NHSE Clinical Reference Group – delay in their programme of work commencing

Any milestones moving into BAU and rationale for why?

- N/A

Additional comments

- It has been acknowledged that there has been an organisational focus on the UNCH and virtual care programmes in 24/25 perhaps at the expense of progressing the Models of Care programme.
- The Models of Care programme forms the blueprint for the delivery of our strategy.
- Agreed year 1 deliverables for all 11 MoCs will be rolled out in 25/26.
- EOLC, Falls and CA MOC cross over with productivity gains, so there will be slightly more support for those progressing at pace.
- Aspects of all 11 MOC have to be rolled out simultaneously to varying degrees in year 1 due to interdependencies.

Tier 1 End Year 24/25 Summary

High Level Programme Summary (as of 31/03/2025)

South East Coast Ambulance Service NHS Foundation Trust

Virtual Care

Programmes key achievements and Impact

- **May – Nov 2024:** The UCNH Programme progressed through scoping, design, implementation, and go-live, establishing teams, securing resources, and setting up infrastructure. Despite funding delays, a phased rollout ensured smooth transitions.
- **Dec 2024:** The Virtual Care Programme officially launched, integrating the UCNH Programme into a Delivery Workstream. A new SRO was appointed, and the Steering Group was established and launched.
- **Jan 2025:** Four Workstreams were established with dedicated leads, delivery group meetings commenced, and key benefits, outcomes, KPIs, and deliverables were agreed.
- **Feb 2025:** An Evaluation Framework was developed for the April 1st Evaluation Day, Clinical Productivity Schemes were scoped and agreed, and PA Productivity assessments of EOC & UCNHs were completed, with results to be integrated into evaluation findings, System UCNH Reviews, and QI Mapping of the Clinical Pathway.
- **Mar 2025:** A Virtual Care section was launched in the Weekly Digest, a draft Integrated Clinical Governance Framework was shared for review, and C2 Segmentation resources were maximised. Collaboration with Kent & Medway ICB progressed Portal implementation, check-and-challenge meetings with Sussex & Surrey partners addressed Portal acceptance rates, non-clinical Hear & Treat within EOC was optimised, and a new assessment process for 111 Online cases was implemented.

Outstanding milestones moving into FY 25/26 and rationale for why?

- **Patient Experience Data Collection:** The collection of Patient Experience Data for the UNCHs has been delayed due to the extended timeframe for Governance (DPIA) approval. Final sign-off was achieved 27/03, impacting the programme's ability to gather critical insights. Previous governance delays have similarly affected other programme elements, highlighting the need for streamlined approval processes to mitigate future disruptions. Moving into FY 25/26, securing final approval, delivering the results within the Evaluation report and implementing measures to expedite governance processes will be essential to ensuring timely data collection and programme progression.
- **Video Consultation in EOC:** The launch has been delayed due to resource constraints. A PDM has been appointed and will start on April 1st, with this as a priority task. The deliverable is now set for completion by mid-May 2025.

Any milestones moving into BAU and rationale for why?

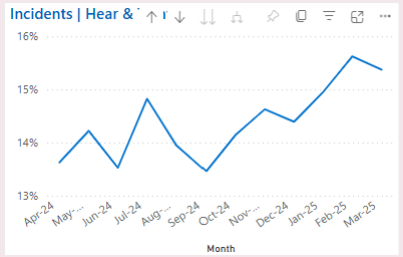
- **Operational Responsibility of the UNCHs:** Following the completion of the Feasibility Stage, the programme will continue with evaluation and the development of the Future Model. However, key operational elements—including staffing, resource management, partnerships, and day-to-day decision-making—have transitioned to BAU. This shift ensures that the UNCHs operate within a sustainable framework, embedding them into standard operational structures while allowing the programme team to focus on strategic evaluation and future development. Moving to BAU status reflects the programme's maturity and readiness for long-term integration.
- **Virtual Care Section in the Weekly Digest:** While stakeholder refinement, data alignment, and trend analysis will remain within the programme, the ongoing delivery of the Virtual Care section in the Weekly Digest has transitioned to BAU.

Additional comments

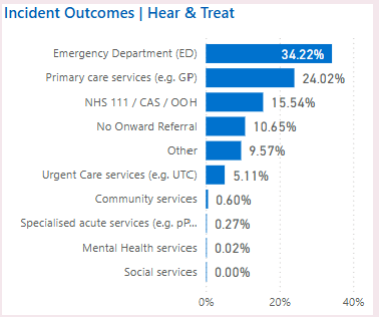
- A Virtual Care Committees Report was created and delivered for its first round of engagement. It provided key trends, themes, and insights across all aspects of Virtual Care, including UCNHs, EOC, and the Portal. The report offered valuable updates on Quality & Safety, Financial Sustainability, and Workforce impact.

KPIs (FY24/25):

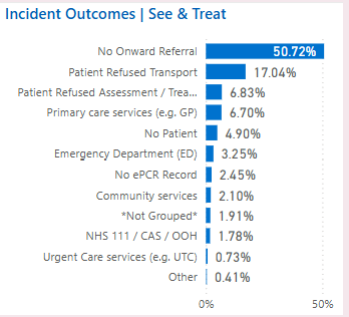
- **H&T Rate:** Average 14.4%
- **H&T Rate:** Highest 15.6% (Feb)



H&T Incident Outcomes:



S&T Incident Outcomes:



- **UCR Portal Acceptance Rates:** Average 20.36%, Highest 30.77% (Nov)

Medical Devices - Patient Monitor and Defibrillator Replacement

South East Coast Ambulance Service NHS Foundation Trust

Programme Overview

SECAmb is currently using **outdated devices** with over a decade-old technology that are beginning to fail, leading to **patient safety incidents** and difficulties in sourcing necessary parts. Despite continuing to purchase and lease these devices, they offer no improved functionality, whereas **newer devices** on the market can **significantly enhance patient outcomes**. We are seeking funding for a replacement programme to **address these critical issues and ensure better patient care**

Indictive Outcomes

- ✓ **Improved reliability & sustainability** – reduce no. of recorded failures and device downtime
- ✓ **Improved data gathering and sharing** - minimising gaps in registry data
- ✓ **Interoperability with ePCR** - Improved quality of ePCR, reduction in ePCR completion time.
- ✓ **Improved patient outcomes** and staff experience through access to and learning from data - Increased clinician feedback leading to improved practice
- ✓ **Improve resuscitation performance** due to CPR feedback -Improved CPR quality (from data downloads) technology & enhanced device capability
- ✓ Potential for servicing in house will provide **financial and logistic efficiencies**
- ✓ Improved device ergonomics leading to improved staff experience and safety - **reduction in injury**
- ✓ Improved colleague experience with **equipment that is fit for purpose**
- ✓ Improved fleet management - **reduction in maintenance** and reduction in lost hours and **improved workflow efficiency**

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – April 2025

Reporting Period: January & February 2025

Icon Descriptions

	P	?	F	
H	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER.** Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly **HIGHER.** The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
L	Special cause of a concerning nature where the measure is significantly **LOWER.** This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER.** Assurance cannot be given as a target has not been provided.

	Special cause variation where **UP** is neither improvement nor concern.
	Special cause variation where **DOWN** is neither improvement nor concern.
	Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

Quality of Care

Executive Summary

QUALITY OF CARE

The Trust's quality of care metrics demonstrate overall stability and consistency, with most indicators showing normal variation.

Clinical outcomes show positive cardiac arrest survival trends and above-national-average outcomes, medicines management demonstrates improving PGD compliance, and patient safety data reflects a positive reporting culture with high proportions of no-harm incidents.

The Trust has recently changed its approach to vehicle deep cleaning to streamline the Make Ready process following a QIA, and has included Specialist operations teams in medications auditing, necessitating a change to reporting.

QUALITY OF CARE

Summary

February 2025

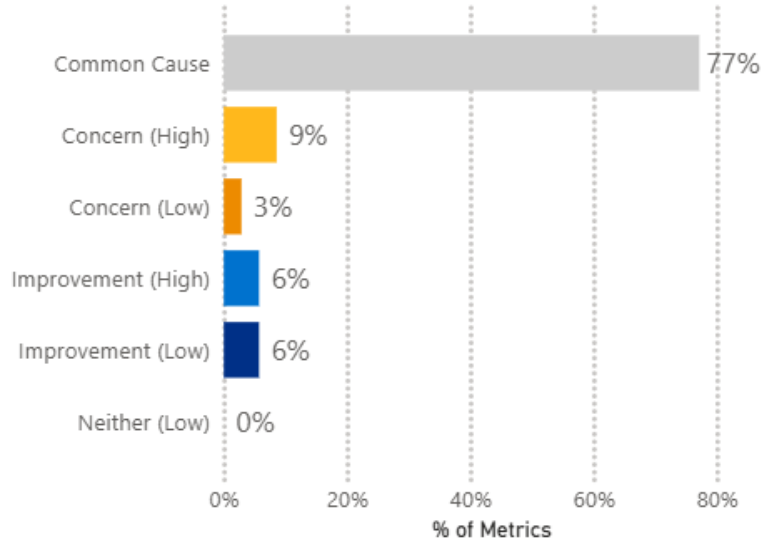
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		Organisational Risks Outstanding Review % Required NHS Pathways Audits Completed (Clinical) %	PGD Compliance %	Count of Low Harm Incidents
Common Cause		Duty of Candour Compliance % Hand Hygiene Compliance % Deep Clean Compliance % Complaints Reporting Timeliness %	Compliant NHS Pathways Audits (Clinical) % Compliant NHS Pathways Audits (EMA) %	Number of Medicines Incidents Number of Datix Incidents Violence and Aggression Incidents (Number of Victims - St... Health & Safety Incidents Manual Handling Incidents Proportion of Complaints Relating to Crew Attitude % Number of Complaints Time Spent in CSP 3 or Higher % Number of Compliments No Harm Incidents per 1000 Incidents Harm Incidents per 1000 Incidents Count of No Harm Incidents
Special Cause Concern		Medicines Management % Weekly Station Audits Complet...		Count of Moderate Harm Incidents Outstanding Actions Relating to SIs, Outside of Timescales

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

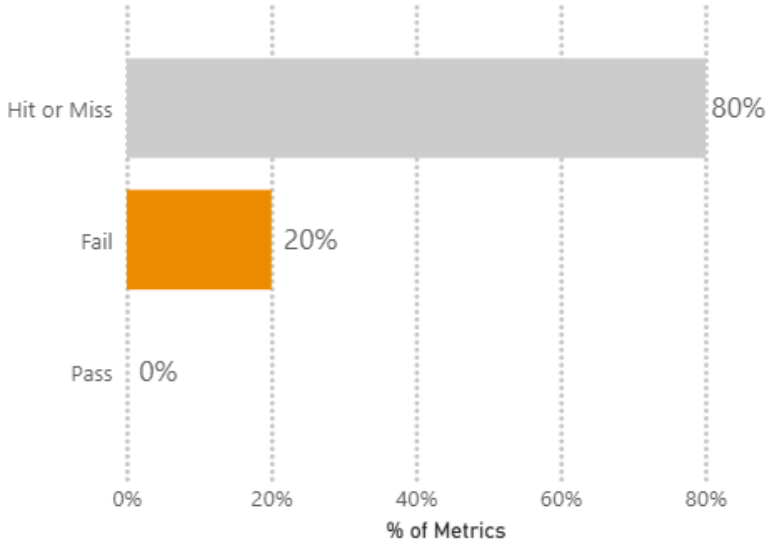
QUALITY OF CARE

Overview (1 of 3)

Variation Icon Summary



Assurance Icon Summary



Incidents

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Medicines Incidents	Quality Improvement	Feb-2025	143		118.46	169.7	220.94		
Medicines Management % Weekly Station Audits Completed	Quality Improvement	Feb-2025	78.1%	95%	80.89%	90.86%	100.82%		
Number of Datix Incidents	Quality Improvement	Feb-2025	1347		1190.21	1541.75	1893.29		
Duty of Candour Compliance %	Quality Improvement	Feb-2025	100%	100%	69.3%	91.7%	114.1%		
Open and Honest Complience	Quality Improvement	Feb-2025	67%	100%		54.36%			
Learning Responses from IRG	Quality Improvement	Feb-2025	5			4.77			
Violence and Aggression Incidents (Number of Victims - Staff)	Quality Improvement	Feb-2025	107		73.95	127.15	180.35		
Number of RIDDOR Reports	Quality Improvement	Feb-2025	9		2.22	9.5	16.78		
Outstanding Actions Relating to SIs, Outside of Timescales	Quality Improvement	Feb-2025	8		-0.11	6.75	13.61		
Health & Safety Incidents	Quality Improvement	Feb-2025	36		18.81	35.05	51.29		

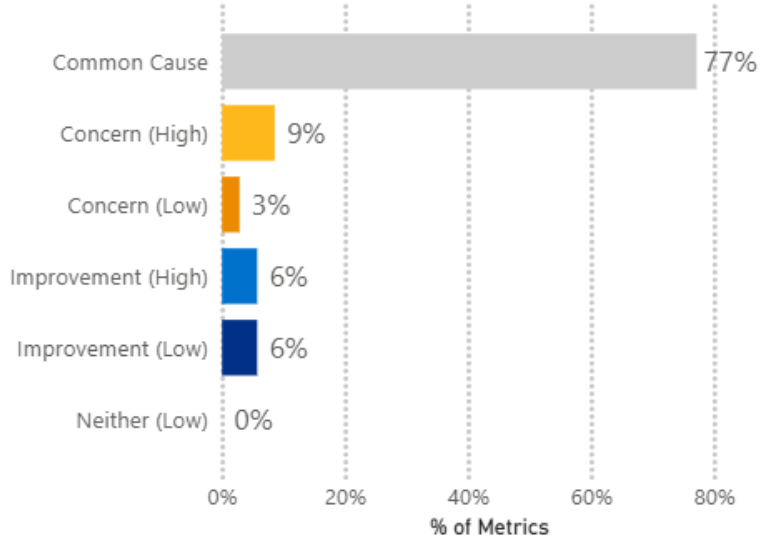
Patient Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Complaints relating to privacy and respect %	Quality Improvement	Feb-2025	0%		0%	0%	0%		
Proportion of Complaints Relating to Crew Attitude %	Quality Improvement	Feb-2025	46%		26.74%	54.6%	82.46%		
Complaints Reporting Timeliness %	Quality Improvement	Feb-2025	90%	95%	85.77%	95.15%	104.53%		
Number of Complaints	Quality Improvement	Feb-2025	63		30.34	68	105.66		
Complaints per 1000 999 Calls Answered	Quality Improvement	Feb-2025	0.77		0.35	0.79	1.22		
Number of Compliments	Quality Improvement	Feb-2025	123		34.96	161.8	288.64		
No Harm Incidents per 1000 Incidents	Quality Improvement	Feb-2025	22.92		18.69	21.46	24.24		
Harm Incidents per 1000 Incidents	Quality Improvement	Feb-2025	3.6		1.99	3.03	4.07		

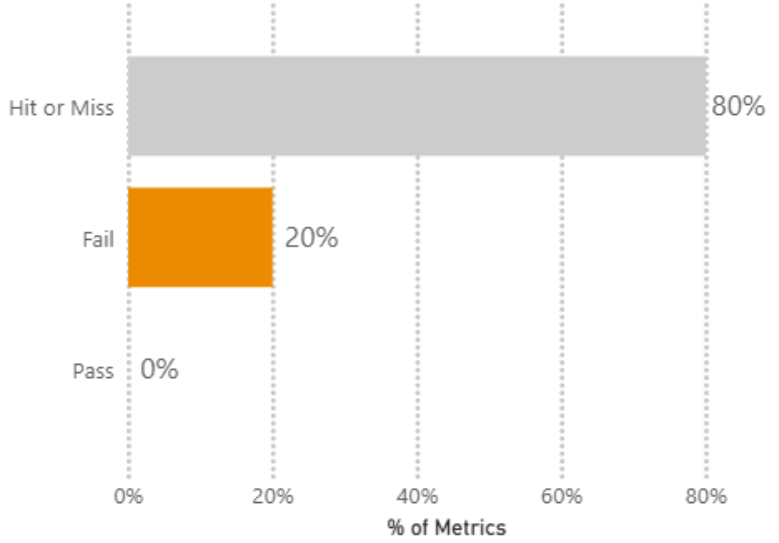
QUALITY OF CARE

Overview (2 of 3)

Variation Icon Summary



Assurance Icon Summary



Clinical Effectiveness & Patient Outcomes

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
**Cardiac ROSC Utstein %	Quality Improvement	Oct-2024	51.5%	45.1%	35.34%	52.4%	69.46%		
**Cardiac ROSC ALL %	Quality Improvement	Oct-2024	24.2%	23.8%	18.71%	28.27%	37.83%		
**Sepsis Care Bundle %	Quality Improvement	Jun-2024	100%	85%		88.65%			
**Cardiac Survival Utstein %	Quality Improvement	Oct-2024	33.3%	25.6%	12.09%	32.74%	53.39%		
**Cardiac Survival ALL %	Quality Improvement	Oct-2024	10%	9.6%	4.61%	11.61%	18.6%		
**Cardiac Arrest - Post ROSC %	Quality Improvement	Oct-2024	70.3%	76.8%		74.19%			
**Acute STEMI Care Bundle Outcome %	Quality Improvement	May-2024	67.6%	64.7%		68.05%			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Quality Improvement	Dec-2023	02:41:00	02:22:00		02:31:30			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	Quality Improvement	Dec-2023	04:07:00	03:14:00		03:25:10			
Stroke - Call to Hospital Arrival Mean	Quality Improvement	Dec-2023	01:28:00	01:29:00		01:29:40			
Stroke - Call to Hospital Arrival 90th Centile	Quality Improvement	Dec-2023	02:08:00	02:20:00		02:17:30			
**Stroke - Assessed F2F Diagnostic Bundle %	Quality Improvement	Feb-2024	98.6%	96.3%		97.85%			
**Sensitivity of Cardiac Arrest Detection During Telephone Triage %	Quality Improvement	Jun-2024	92.3%	93.8%		92.25%			
**Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	Quality Improvement	Jun-2024	79.5%	77.9%		78.88%			
Required NHS Pathways Audits Completed (EMA) %	Quality Improvement	Feb-2025	102%		93.6%	103.31%	113.01%		
Compliant NHS Pathways Audits (EMA) %	Quality Improvement	Feb-2025	81.6%	100%	76.89%	81.75%	86.61%		
Compliant NHS Pathways Audits (Clinical) %	Quality Improvement	Feb-2025	78.6%	100%	71.2%	83.17%	95.14%		
Required NHS Pathways Audits Completed (Clinical) %	Quality Improvement	Feb-2025	108.6%	100%	97.49%	102.01%	106.53%		
Time Spent in CSP 3 or Higher %	Quality Improvement	Feb-2025	56.2%		20.45%	52.19%	83.93%		
Falls Care Bundle Compliance %	Quality Improvement	Sep-2024	40.7%			36.85%			

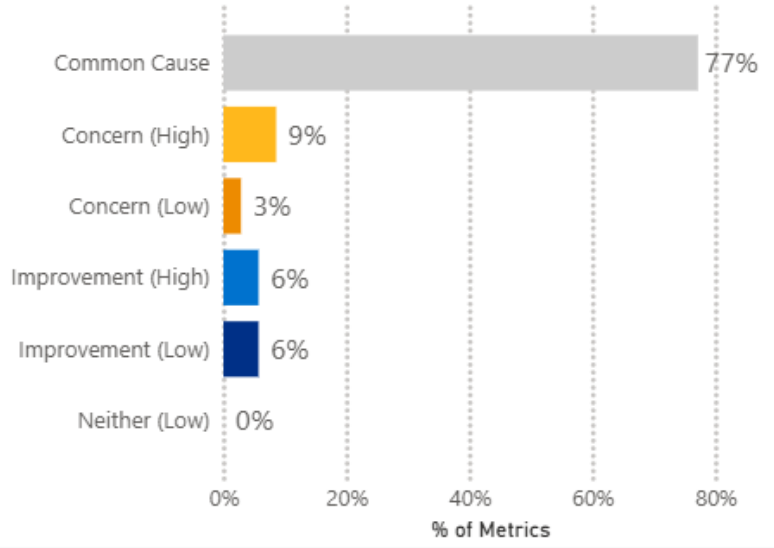
Infection Prevention Control

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hand Hygiene Compliance %	Quality Improvement	Feb-2025	86%	90%	72.37%	85.1%	97.83%		
Deep Clean Compliance %	Quality Improvement	Nov-2024	76%	100%	63.39%	83.96%	104.53%		

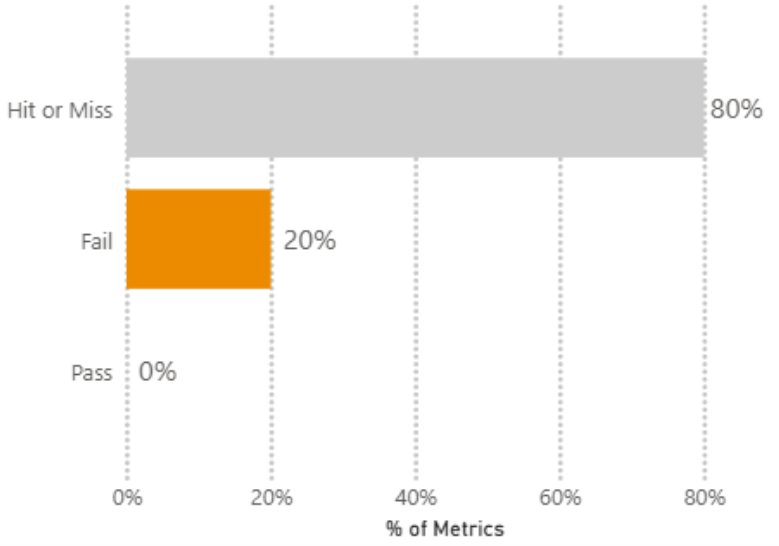
QUALITY OF CARE

Overview (3 of 3)

Variation Icon Summary



Assurance Icon Summary



Health & Safety

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Manual Handling Incidents	Quality Improvement	Feb-2025	21		10	24.7	39.4		
Organisational Risks Outstanding Review %	Quality Improvement	Feb-2025	12%	30%	-14.69%	28.81%	72.3%		

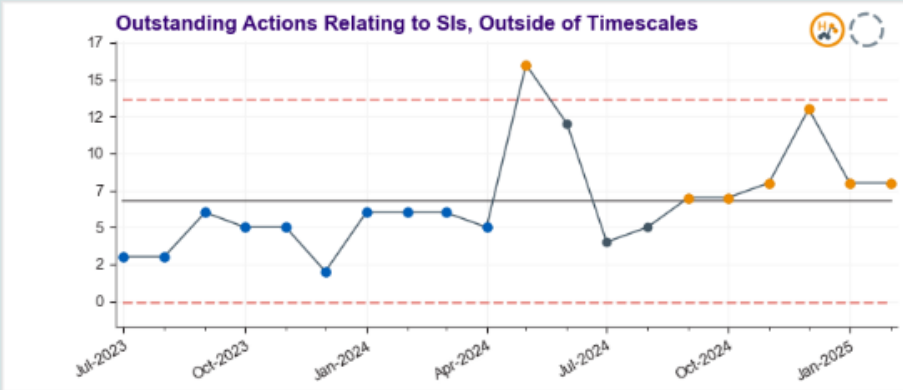
Medicine Management

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Unauthorised and Unwitnessed CD Returns	Quality Improvement	Dec-2024	0			1.22			
Number of CDs Taken Home	Quality Improvement	Feb-2025	17			13.86			
PGD Compliance %	Quality Improvement	Feb-2025	92.5%	95%	80.1%	86.15%	92.2%		
Resilience Stock Holding of Medicines in the Trust	Quality Improvement	Feb-2025	159%	100%	36.91%	122.45%	207.99%		

QUALITY OF CARE SIs, Incidents, & Duty of Candour

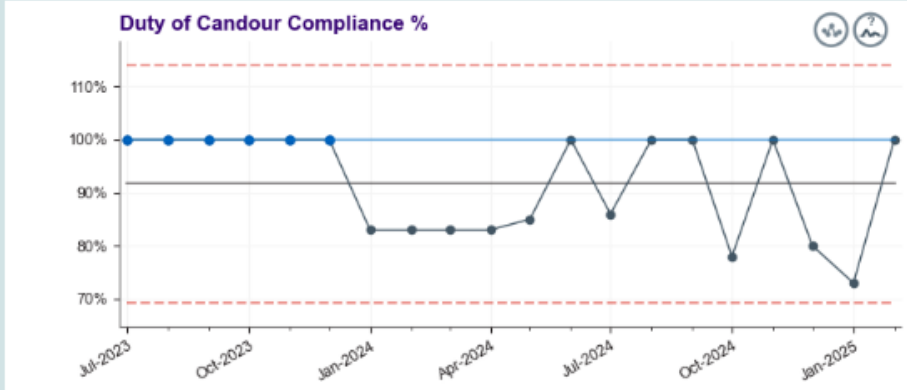
QS-1
Dept: Quality & Safety
IP: Quality Improvement
Latest: 1347

Common cause variation, no significant change.



QS-17
Dept: Quality & Safety
IP: Quality Improvement
Latest: 8

Special cause of a concerning nature where the measure is significantly HIGHER.



QS-3
Dept: Quality & Safety
IP: Quality Improvement
Latest: 100%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

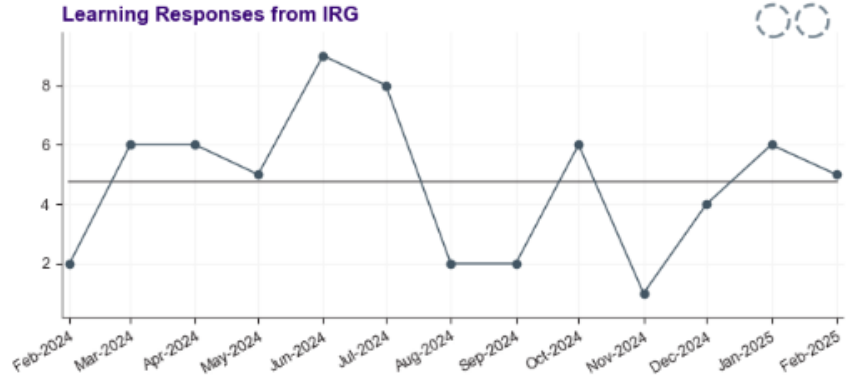
(QS-1) Number of Datix incidents - The number reported is showing normal variation. The lower numbers in February reflect a shorter month and less activity. The targeted approach to management of breached incidents is ongoing, the number remaining under 12%.
(QS-17) Outstanding actions relating to SIs–.Following the closure of our final SI under the SI framework, there are 13 outstanding actions. Seven of these actions are outside of the proposed timescale for completion. This is due to additional evidence being required to assure ourselves that these actions are complete. All remaining actions are due to be closed by the end of 2025/26 financial year.
Examples of the actions that have been given a longer due date include changes to the supervision policy, changes to Cleric, replacement of Cardiac monitors etc. which all take a long time to enact.
(QS-3) Duty of Candour Compliance – Duty of candour compliance fluctuates depending on our ability to access contact details for patients and/or their representatives in a timely manner. Additionally, Open and Honest (O&H) conversations are new element from the introduction of PSIRF and may increase the workload of those traditionally undertaking duty of candour conversations.

What actions are we taking?

(QS-3) DOC training has started to be rolled out across the Trust to all OU's and EOC to create additional capability and capacity. Emphasis is being placed on the quality of conversations and will be triangulated against patient complaints. The patient safety team are gaining access to the NHS Spine to identify contact details where cases might reach the duty of candour threshold. This may reduce delays for colleagues.
(QS1) Breached incidents are now routinely reported to respective System Governance Groups to provide regular oversight and support where needed to close incidents in a timely manner.
(QS-17) The patient safety team are planning an increased focus on liaising with the relevant leads for SI actions outside of timescales for the next month to close those that are outstanding as quickly as possible.

QUALITY OF CARE Open & Honest, and Learning Responses

QS-34
Dept: Quality & Safety
IP: Quality Improvement
Latest: 67%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.



QS-35
Dept: Quality & Safety
IP: Quality Improvement
Latest: 5

Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

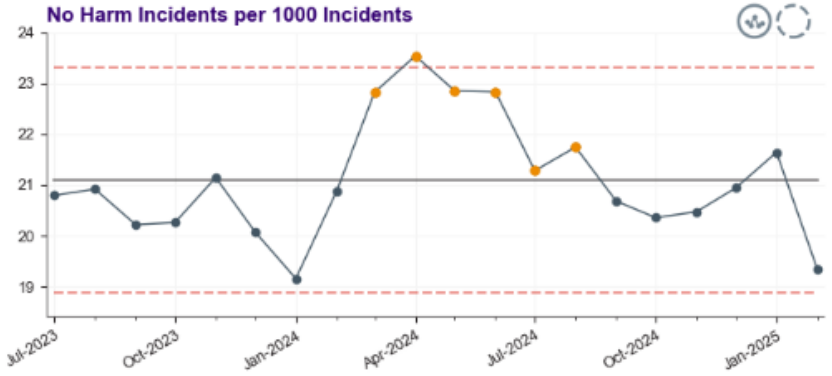
- **QS34** - O&H conversations are allocated in the Incident Review Groups (IRGs), and the compliance of these is monitored within this meeting. Greater onus is now being placed on the quality of these challenging conversations and training has started to be rolled out across the Trust to all OU's and EOC.
- **QS35** – Learning responses are commissioned when Incident Review Groups believe additional insights into a patient safety incident might support Trust wide improvements. Examples include, after action reviews (AARs), swarm huddles and multidisciplinary team meetings (both internal and external).
- Variation is expected as new risks emerge. However, a review of the Incident Review Group supporting this process was undertaken and a new process implemented, focusing on learning from themes/trends and commissioning learning responses proportionately.

What actions are we taking?

- **QS35** - A peer-to-peer review will be undertaken to evaluate commissioned learning responses and a selection of patient safety incidents where learning responses were not commissioned.
- **QS34** – A family liaison officer (FLO) role is proposed as part of the Q&N corporate restructure. This role will support development of quality open and honest conversations through support, training and oversight.

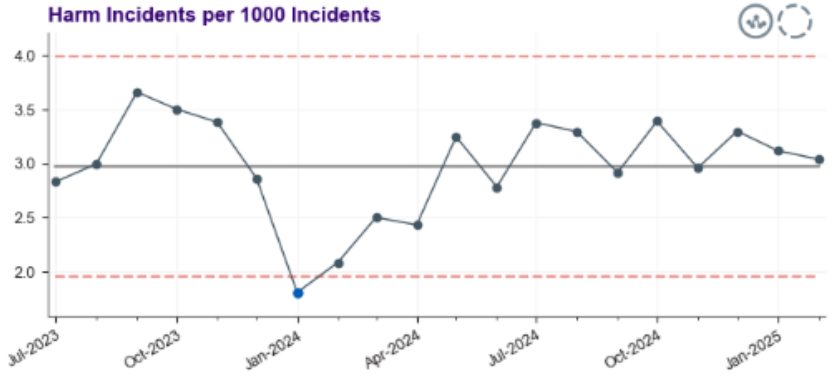
QUALITY OF CARE

No Harm and Harm



QS-28
Dept: Quality & Safety
IP: Quality Improvement
Latest: 19.35

Common cause variation, no significant change.



QS-29
Dept: Quality & Safety
IP: Quality Improvement
Latest: 3.04

Common cause variation, no significant change.

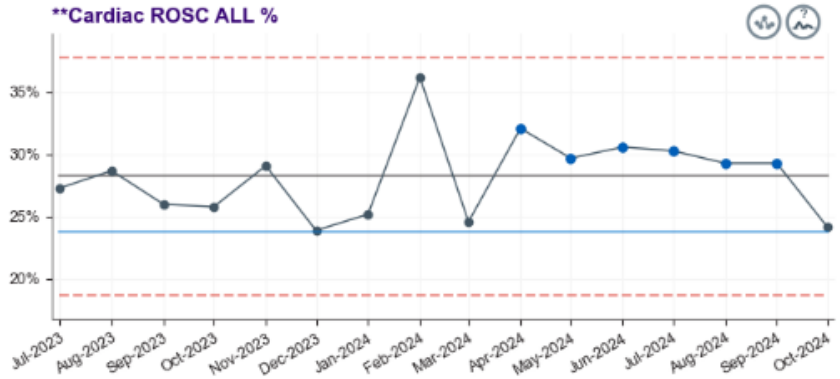
QS-28 – No Harm incidents per 1000 incidents – A high level of no harm incidents demonstrates a positive incident reporting culture. The data shows common cause variation.

QS-29 – Harm incidents per 1000 incidents - This data sits within the standard normal deviation range. Less variation has been observed since May 2024 which reflects a good process and aligns with the full implementation of PSIRF. The next step on the improvement journey now the process is in control is to move to an improvement target of reducing harm incidents which will be achieved through delivery of the patient safety improvement plan which is currently in development.

What actions are we taking?

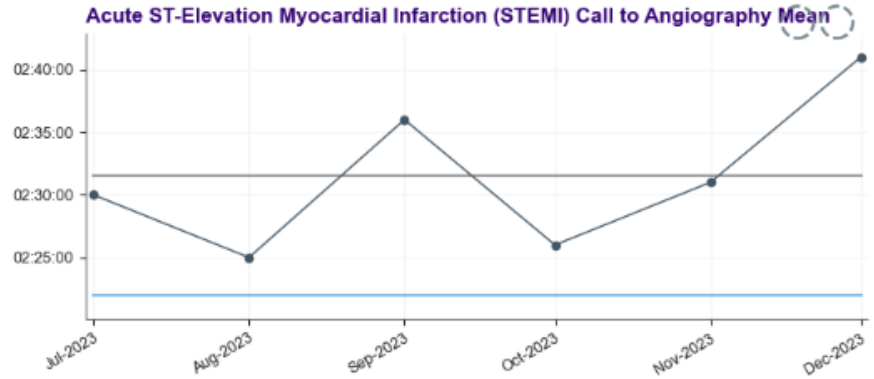
- A PSIRF review is now underway following the 12 months since implementation.
- Engagement and attendance within Incident Review Groups (IRGs) continues to improve. Feedback is gleaned from all those involved and continues to suggest the meetings are both effective and positive.

QUALITY OF CARE Impact on Patient Care - Cardiac



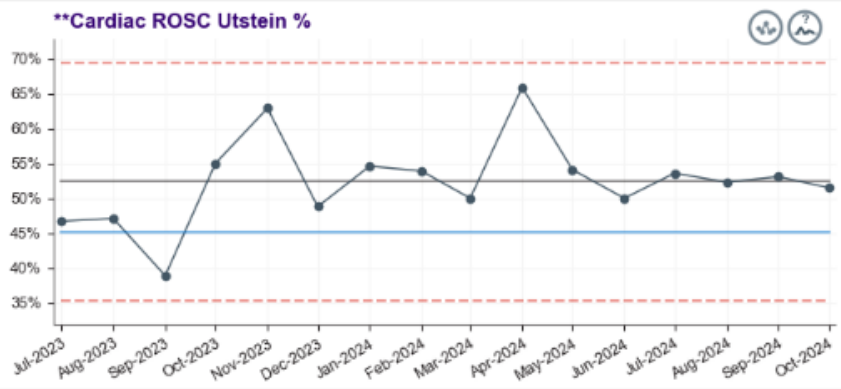
M-2

Dept: Medical
IP: Quality Improvement
Latest: 24.2%
Target: 23.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



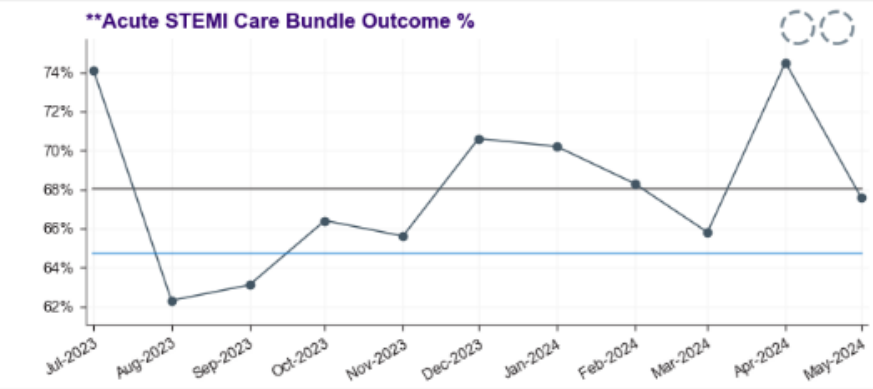
M-6

Dept: Medical
IP: Quality Improvement
Latest: 02:41:00
Target: 02:22:00
Special cause or common cause cannot be given as there are an insufficient number of points.



M-1

Dept: Medical
IP: Quality Improvement
Latest: 51.5%
Target: 45.1%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-5

Dept: Medical
IP: Quality Improvement
Latest: 67.6%
Target: 64.7%
Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

Cardiac Arrest ROSC: – ROSC and survival rates for cardiac arrest patients continue to show a positive trend over time, (notwithstanding that small numbers can cause significant changes month-on-month) and remain consistently above the national average.

STEMI Care Bundle – Compliance remains variable but within normal tolerances. There are early signs of improvement. Due to a formula change since the submissions of the May data the September data upload has not been pulled correctly. This error has been picked up and currently being resolved to provide an update graph and accurate compliance figure.

What actions are we taking?

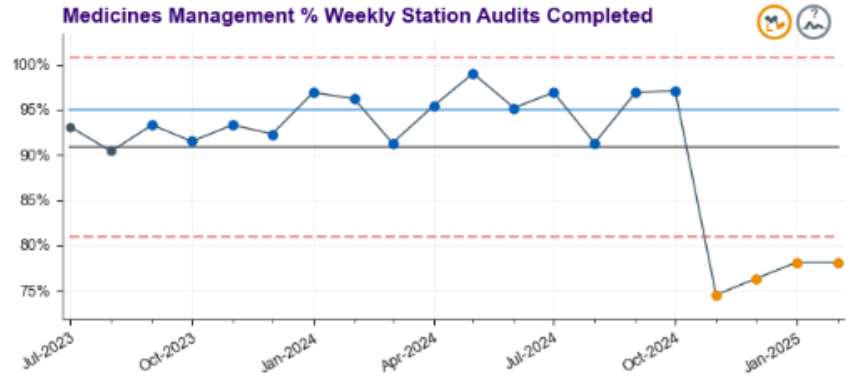
Focused initiatives, across multiple teams, continues through the Cardiac Arrest Outcomes Improvement Programme which meets quarterly. ROSC and survival rates are monitored and discussed through this group.

The common reasons for non-compliance are the lack of 2 pain scores and the administration of analgesia. OU feedback work has started to encourage clinicians to always document pain scores and analgesia.

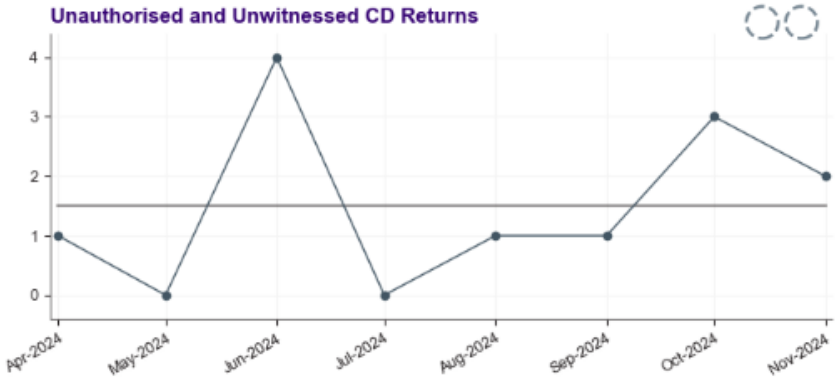
QUALITY OF CARE Medicines Management (1 of 2)

MM-1
Dept: Medicines Management
IP: Quality Improvement
Latest: 143

Common cause variation, no significant change.

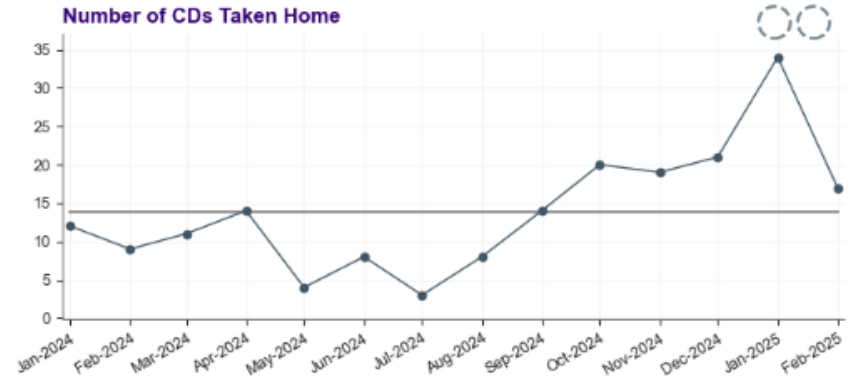


MM-7
Dept: Medicines Management
IP: Quality Improvement
Latest: 78.1%
Target: 95%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



MM-11
Dept: Medicines Management
IP: Quality Improvement
Latest: 2

Special cause or common cause cannot be given as there are an insufficient number of points.



MM-10
Dept: Medicines Management
IP: Quality Improvement
Latest: 17

Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

MM-1: The number of incidents reported has seen a general dip across the Trust. Although our number of incidents have gone down in medicines, it still equates to 1 in 10 incidents on average.

MM-11: We are tracking the number of times a paramedic uses the unwitnessed bar code when there could have been a person to witness the return of Controlled Drugs. Ideally the figure should be zero, however 3 incidents in Oct and 2 in Nov still represent a tiny proportion of CD returns.

MM-7: The medicines management audits are now capturing data from HART and EPRR. Work is ongoing to amend the BI dashboard because HART and EPRR only check the Mass Casualty vehicles in turn. Therefore, this data is skewed.

MM-10: There was a spike in January of the number of CDs taken home. This has been investigated.

What actions are we taking?

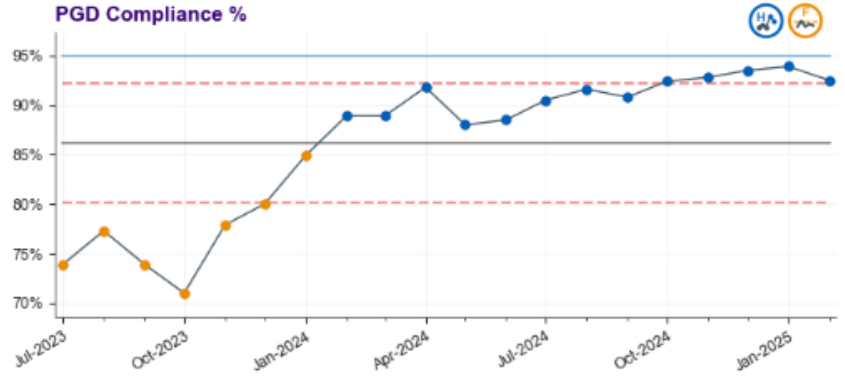
MM-1: Reporting continues to be encouraged and there are no causes for concerns at the current time.

MM-11: We will continue to track and look for themes.

MM-7: The data is not reflecting practice because HART and EPRR check the MCVs, so the metric should be the check of the MCVs, not HART and EPRR. This is currently being addressed.

MM-10: New signage is now displayed on exit doors at all stations to remind crews to return their CDs. There is also a new SOP for the Authorised Retention of CDs, so we need to ensure those managers authorised to retain CDs for longer than a standard shift are accounted for in this metric.

QUALITY OF CARE Medicines Management (2 of 2)



MM-8

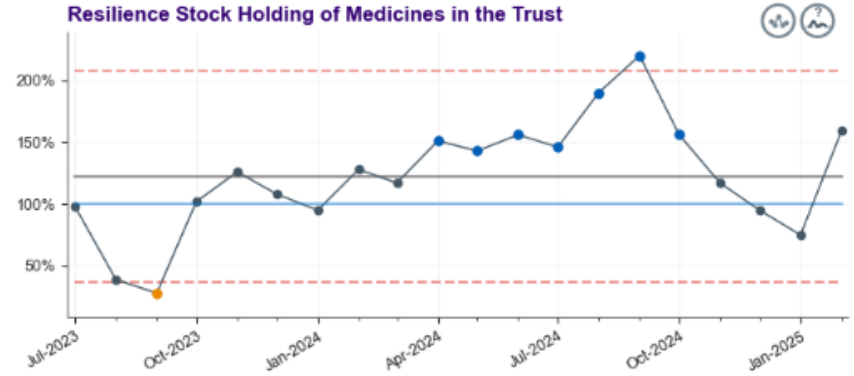
Dept: Medicines Management

IP: Quality Improvement

Latest: 92.5%

Target: 95%

Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



MM-9

Dept: Medicines Management

IP: Quality Improvement

Latest: 159%

Target: 100%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

MM-8: PGD compliance remains very good. We need to review the denominator in the metric to ensure those paramedics who are not in operational roles are removed.

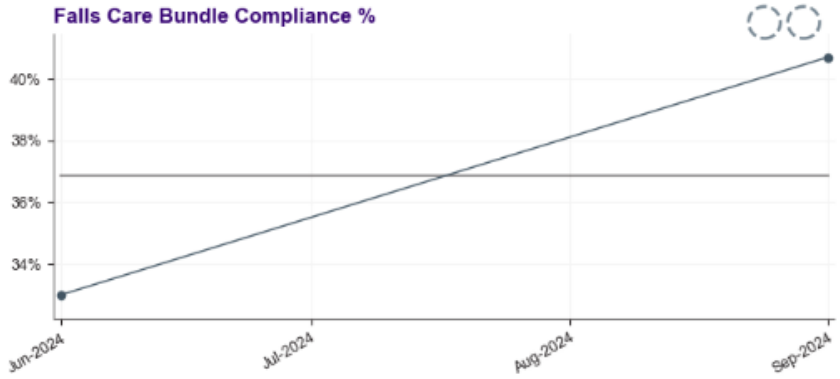
MM-9: Resilience stock at the MDC has been recovered following the depletion of Christmas and New Year periods.

What actions are we taking?

MM-8: There are several staff who are not in operational roles and therefore do not need to use PGDs. We need to ensure they are removed from the dataset to ensure accuracy of compliance data.

MM-9: We will continue to review our stock holding at the MDC to ensure a balance between resilience and wastage.

QUALITY OF CARE Impact on Patient Care – Falls



M-29
Dept: Medical
IP: Quality Improvement
Latest: 40.7%
Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

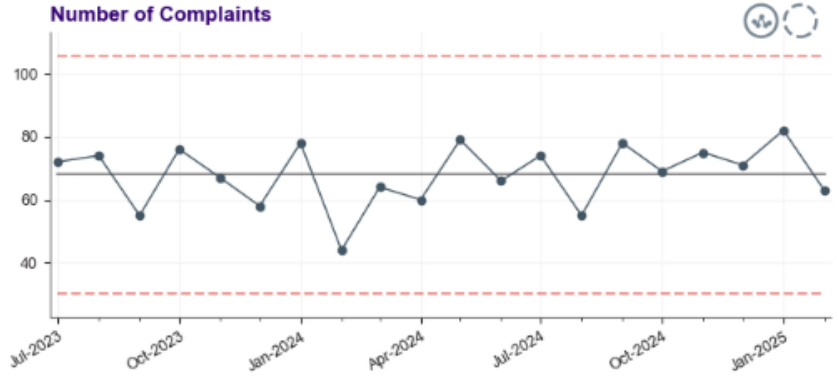
Falls Care Bundle Compliance – Falls is a new clinical outcome indicator (COI) introduced by NHSE. As such, we do not current have access to national data for comparison or enough data to support the SPC chart (24 data points). Compliance is improving and this will continue to be monitored.

What actions are we taking?

The Health Informatics team are engaging with OUs to ensure there is awareness of the new COI.
We are seeking clarity on the definition of extrinsic vs intrinsic falls.
Trend analysis will be completed next year (once we have more data) to understand specific areas for improvement.

QUALITY OF CARE

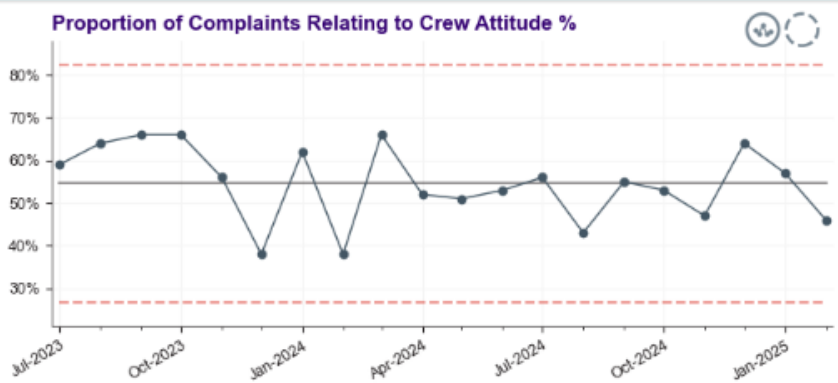
Patient Experience



QS-5
Dept: Quality & Safety
IP: Quality Improvement
Latest: 63

Common cause variation, no significant change.

QS-4
Dept: Quality & Safety
IP: Quality Improvement
Latest: 90%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-10
Dept: Quality & Safety
IP: Quality Improvement
Latest: 46%

Common cause variation, no significant change.

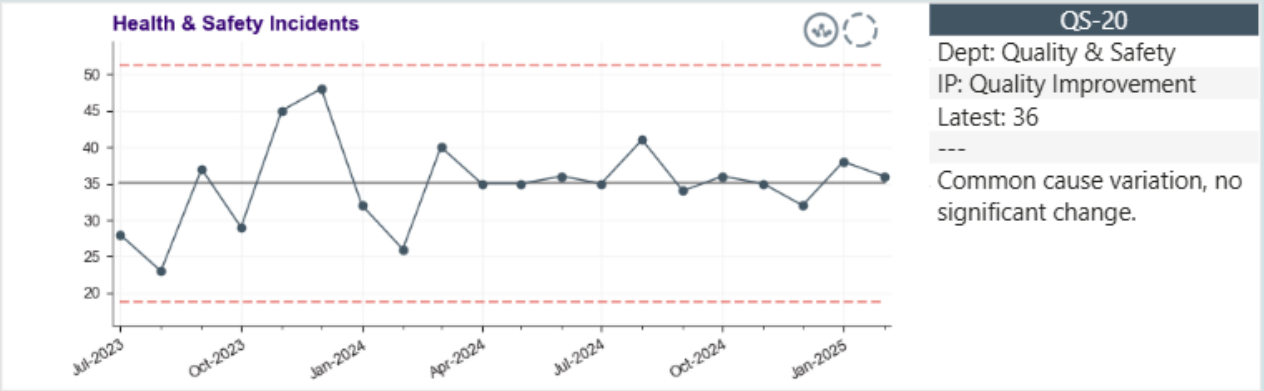
Summary

- Due to sickness within the 111complaint investigation team with both investigators off, annual leave taken by the investigator for EOC complaints and sickness within operational teams the response timeliness has gone below the Trust's 95% target. It is expected that the response time for March will also be below target as there are a number of complaints that were due in February / early March that were responded to late for the same reason. The lack of resilience within both the 111 and EOC complaint investigations will be addressed within the proposed Q&N corporate restructure with amalgamation of the team.
- The number of complaints the Trust has received continues to be within normal variation.
- The number of complaints received for staff conduct and attitude also remains within normal variation.

What actions are we taking?

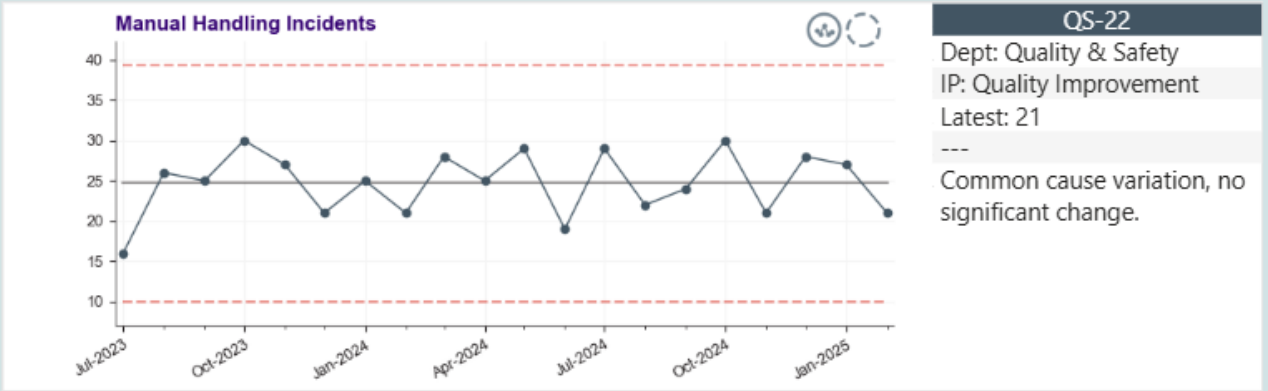
- The PALS team continue to send reminders with the weekly report and provide support for investigating managers in completing their investigations. The PALS Manager is currently visiting all operating units to discuss any additional support that the PALS team can provide.
- A review of complaint timeliness is to be undertaken by the PALS team into whether 'winter pressures' influence this annually and if so, what measures can be taken to mitigate this risk and minimise going forward.

QUALITY OF CARE Safety in the Workplace (1 of 3)



QS-20
Dept: Quality & Safety
IP: Quality Improvement
Latest: 36

Common cause variation, no significant change.



QS-22
Dept: Quality & Safety
IP: Quality Improvement
Latest: 21

Common cause variation, no significant change.

Health & Safety Incidents

The number of H&S incidents is showing normal variation with a steady number being received now for several months. There were 74 incidents in total reported in January and February 2025.

The highest reported categories are slip, trips and falls and cuts/abrasions.

What are we doing

Health & Safety internal reviews were completed in December 2024. The Health & Safety management team are preparing an improvement plan that will focus on achieving a higher level of compliance in accordance with the safety maturity gradient tool that has been applied.

The Health & Safety team undertake regular visits to local Operating Units to support, review and complete annual audits to identify opportunities for improvement.

The regional and Trust-wide Health & Safety groups continue to monitor incident trends.

All Health & Safety related risks are reviewed on a regular basis at the relevant monitoring groups.

Manual Handling Incidents

- The number of manual handling incidents remains within normal variation.
- There were 48 manual handling incidents reported in January and February 2025.

What are we doing

- The H&S team have commenced a manual handling T&F group. The purpose of this group is to explore current practices and identify opportunities for improvement.
- Face to face manual handling training will be included in key skills for all frontline staff from April 2025.
- Monitoring of all incident data, including themes/trends continues at regional sub-groups and Central Health & Safety working group.

QUALITY OF CARE Safety in the Workplace (2 of 3)

QS-7
Dept: Quality & Safety
IP: Quality Improvement
Latest: 86%
Target: 90%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

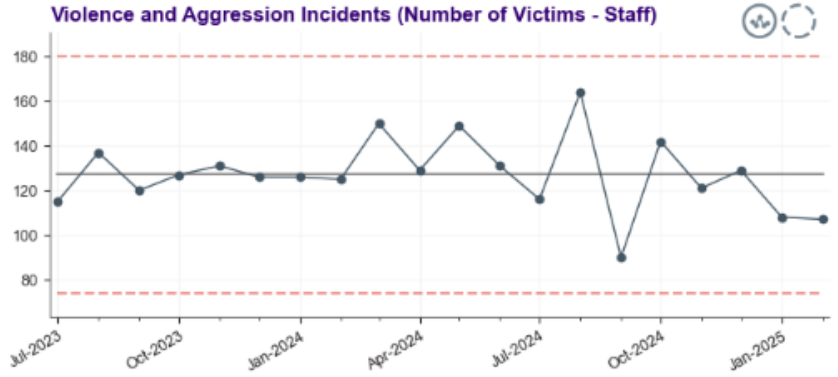
Hand Hygiene Compliance

Hand hygiene compliance is showing normal variation. However, compliance is sporadic, and improvement is required right across the Trust. The IPC Team have therefore brought forward some of the training elements required for Operational Teams and have already attended two TEAMs C meetings at Guildford and Banstead. The feedback so far has been very positive, and we will be reviewing the number and compliance levels of IPC Practice Reviews carried out at the two Despatch Desks. Further TEAMs C meetings are being scheduled with the local teams.

What Actions are we taking?

- The IPC Team will continue to monitor local compliance levels and discuss any issues with the local management teams.
- Escalation for the BI Team to produce the Dashboard for IPC Practice Reviews. The Head of IPC has held meetings to support this work being completed.
- Additional support being provided to the IPC Champions by way of a development session in April where key messages will be reinforced, such as hand hygiene and the wearing of PPE.
- Further messaging to be communicatied via the IPC App regarding community infections, such as Norovirus, that are circulating. These messages will provide staff with guidance on prevention of spread and contamination to themselves.

QUALITY OF CARE Safety in the Workplace (3 of 3)



QS-13
Dept: Quality & Safety
IP: Quality Improvement
Latest: 107

Common cause variation, no significant change.

Violence & Abuse

Violence and aggression incidents are showing normal variation. Five of the last 6 months have shown a reduction or no increase compared to reporting in 2024. Indications for March 2025 show a predicted reduction from 2025. The Trust however has shown a year-by-year increase in the number of reported incidents of violence and abuse towards staff.

Staff reported 108 violence and aggression related incidents in January 2025. 25 of these incidents were categorised as assaults.

Staff reported 108 violence and aggression related incidents in February 2025. 27 of these incidents were categorised as assaults.

This is the first time that two consecutive months violence and abuse incidents have been below the average of 134.

Most incidents continue to be verbal aggression directed at our staff working within our contact centres although incidents have dropped significantly from their average in January and February.

Q1 & Q2 and Q3 Protected Characteristics data show that females under 30 are most likely to be subjected to violence or aggression.

What actions are we taking?

- Face to Face Conflict Resolution Training (CRT) for front-line staff. 1490 staff trained as of end Jan 2025.
- Monthly monitoring at the Violence Reduction working group and Health & Safety group continues.
- We continue to triage incidents and provide contact and support to staff if appropriate in reporting to police for investigation.
- Monthly partnership meetings are held with police to provide updates on cases involving our staff.
- Workstream ongoing to identify and manage frequent suspects of violence and abuse towards staff.

What changes do we expect from these actions ?

- An increase in staff confidence and satisfaction that we are taking violence and aggression seriously as a Trust .
- Increased use and sharing of Body Worn Cameras and CCTV Data with police partners to increase sanctions.
- A possible shift in trend during 2024. Recent data has started to show a possible slowing in the rate of increase in reported incidents. It is too early to identify if this is a sustained change.

System Integration and Performance

Executive Summary

SYSTEM INTEGRATION and PERFORMANCE

The Trust continues to demonstrate resilient performance: although February Cat 2 mean performance was just outside the standard at 30:12 this was achieved with lower levels of resource over the winter period than in prior years. The Trust benchmarks in line with peers across response standards with comparatively good hospital handover time performance despite some hot spots.

Call answering in both 999 and 111 services is robust and Hear & Treat rate has increased, with greater levels of Cat 2 segmentation supporting this, although it remains below the increased year-end target level. Increased Job Cycle Time is an area of focus, potentially related to seasonal case mix complexity, and a pilot of a Local Dispatch model is taking place to test potential improvements. The Unscheduled Care Navigation Hubs are to be evaluated in April and improvement work on vehicle availability and maintenance is in progress.

SYSTEM INTEGRATION and PERFORMANCE

Summary

February 2025

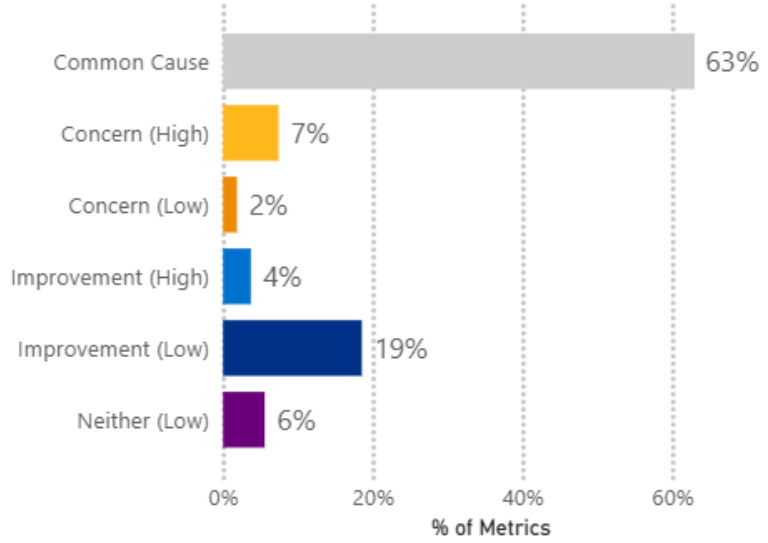
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement	A&E Dispositions %	999 Operational Abstraction Rate % See & Convey % Responses Per Incident 111 Calls Abandoned - (Offered) % 999 Call Answer Mean 999 Call Answer 90th Centile	Hear & Treat % Average Wrap Up Time 111 Calls Answered in 60 Seconds %	% of SRV vehicles off road (VOR) Proportion of Wrap Up Times > 15 minutes
Common Cause	Cat 1T 90th Centile Cat 1T Mean 111 to 999 Referrals (Calls Triaged) %	999 Frontline Hours Provided % Cat 2 Mean	See & Treat % Vehicles Off Road (VOR) % Ambulance Validation % Cat 1 Mean Cat 2 90th Centile Cat 3 90th Centile Cat 4 90th Centile	JCT Allocation to Clear at Hospital Mean Number of Hours Lost at Hospital Handover Critical Vehicle Failure Rate (CVFR) % of planned vehicle services completed Incidents Cat 2 Proportion (Cat 1-4) Duplicate Calls % 999 Calls Answered Incidents
Special Cause Concern				HCP 4 90th Centile ECAL Mean Response Time FFR Attendances Hours Lost at Handover as a Proportion of Provided Hours... JCT Allocation to Clear at Scene Mean

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

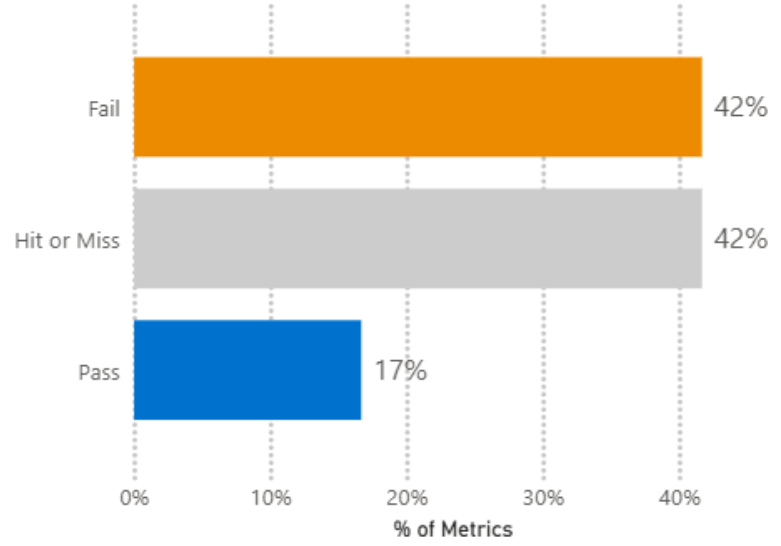
SYSTEM INTEGRATION and PERFORMANCE

Overview (1 of 3)

Variation Icon Summary



Assurance Icon Summary



Response Times

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Section 135 Mean Response Time	Responsive Care	Dec-2024			01:12:37		01:40:24		
Section 136 Mean Response Time	Responsive Care	Feb-2025	00:25:20		00:12:50	00:24:45	00:36:41		
Cat 1 Mean	Responsive Care	Feb-2025	00:08:20	00:07:00	00:07:45	00:08:28	00:09:11		
Cat 1 90th Centile	Responsive Care	Feb-2025	00:15:27	00:15:00	00:14:25	00:15:31	00:16:37		
Cat 1T Mean	Responsive Care	Feb-2025	00:09:42	00:19:00	00:08:57	00:09:51	00:10:44		
Cat 1T 90th Centile	Responsive Care	Feb-2025	00:17:54	00:30:00	00:16:36	00:18:10	00:19:43		
Cat 2 Mean	Responsive Care	Feb-2025	00:30:12	00:30:00	00:20:17	00:28:43	00:37:08		
Cat 2 90th Centile	Responsive Care	Feb-2025	01:00:14	00:40:00	00:40:15	00:58:28	01:16:40		
Cat 3 90th Centile	Responsive Care	Feb-2025	05:03:35	02:00:00	02:48:32	05:06:12	07:23:53		
Cat 4 90th Centile	Responsive Care	Feb-2025	04:33:28	03:00:00	03:05:41	05:53:41	08:41:41		
HCP 3 Mean	Responsive Care	Feb-2025	02:11:40		01:11:02	02:09:08	03:07:14		
HCP 3 90th Centile	Responsive Care	Feb-2025	04:50:51		02:11:15	04:49:26	07:27:36		
HCP 4 Mean	Responsive Care	Feb-2025	02:59:40		01:27:18	02:48:48	04:10:18		
HCP 4 90th Centile	Responsive Care	Feb-2025	07:01:47		03:09:08	06:41:24	10:13:40		

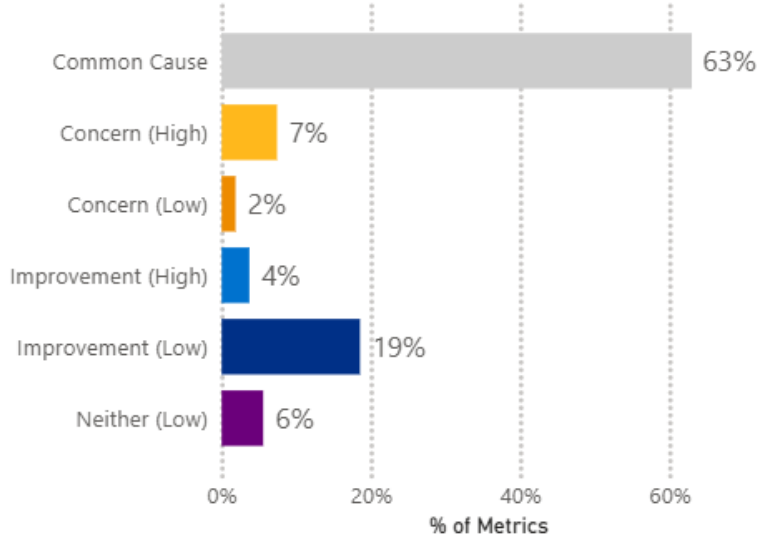
Emergency Operations Centres (EOC)

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Duplicate Calls %	Responsive Care	Feb-2025	23.3%		20.53%	23.31%	26.08%		
999 Calls Answered	Responsive Care	Feb-2025	69160		60732.39	73873.35	87014.31		
999 Call Answer Mean	Responsive Care	Feb-2025	00:00:05	00:00:05	00:00:01	00:00:12	00:00:24		
999 Call Answer 90th Centile	Responsive Care	Feb-2025	00:00:03	00:00:10	00:00:12	00:00:35	00:01:22		

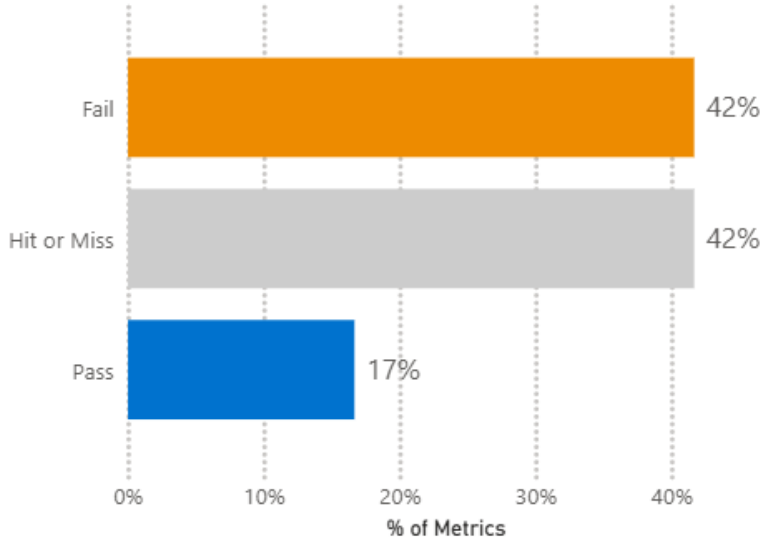
SYSTEM INTEGRATION and PERFORMANCE

Overview (2 of 3)

Variation Icon Summary



Assurance Icon Summary



Utilisation

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Hours Provided %	Responsive Care	Feb-2025	97.8%	100%	87.43%	100.15%	112.86%		
Provided Bank Hours %	Responsive Care	Feb-2025	0%		0.21%	0.47%	0.72%		
Provided Overtime Hours %	Responsive Care	Feb-2025	4%		-55.69%	17.95%	91.59%		
999 Operational Abstraction Rate %	Responsive Care	Feb-2025	23.8%	28%	15.76%	24.29%	32.81%		
999 Remaining Annual Leave FY	Responsive Care	Dec-2024	12.7%		8.89%	24.7%	40.51%		
Vehicles Off Road (VOR) %	Responsive Care	Feb-2025	15.2%	10%	11.92%	14.36%	16.79%		
% of DCA vehicles off road (VOR)	Responsive Care	Feb-2025	16.7%		12.63%	15.57%	18.51%		
% of SRV vehicles off road (VOR)	Responsive Care	Feb-2025	3.8%		-9.77%	5.2%	20.17%		
Critical Vehicle Failure Rate (CVFR)	Responsive Care	Feb-2025	97		52.44	99.2	145.96		
Number of RTCs per 10k miles travelled	Responsive Care	Feb-2025	0.62		0.28	0.74	1.2		
% of planned vehicle services completed	Responsive Care	Feb-2025	80%		60.39%	73.84%	87.29%		
% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)	Responsive Care	Dec-2024	99%	95%		94.72%			
Incidents Cat 2 Proportion (Cat 1-4)	Responsive Care	Feb-2025	62.8%		61.41%	64.26%	67.1%		
111 to 999 Referrals (Calls Triaged) %	Responsive Care	Feb-2025	6%	13%	5.7%	6.6%	7.5%		
Incidents	Responsive Care	Feb-2025	59985		56957.1	64609.5	72261.9		

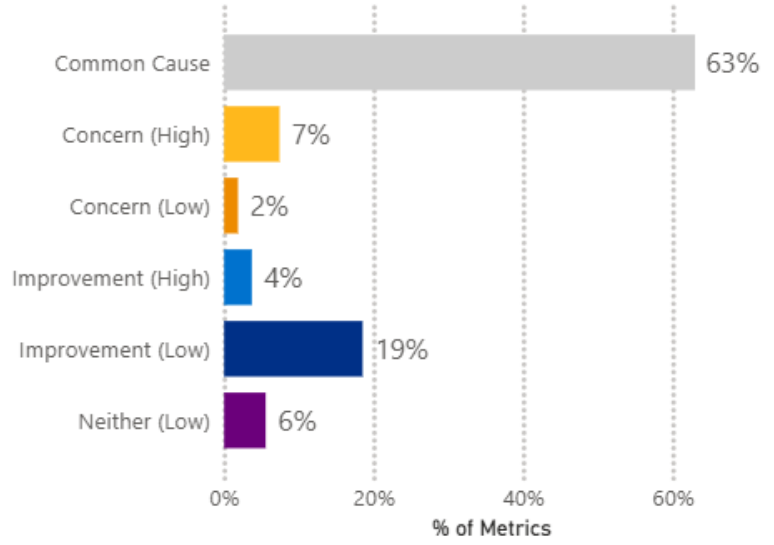
111

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
111 Calls Offered	Responsive Care	Feb-2025	90141		75586.32	91440.9	107295.48		
111 Calls Answered in 60 Seconds %	Responsive Care	Feb-2025	61.4%	95%	39.76%	56.95%	74.14%		
111 Calls Abandoned - (Offered) %	Responsive Care	Feb-2025	6.4%	5%	2.8%	9.66%	16.52%		
999 Referrals	Responsive Care	Feb-2025	4560		3896.2	5029.5	6162.8		

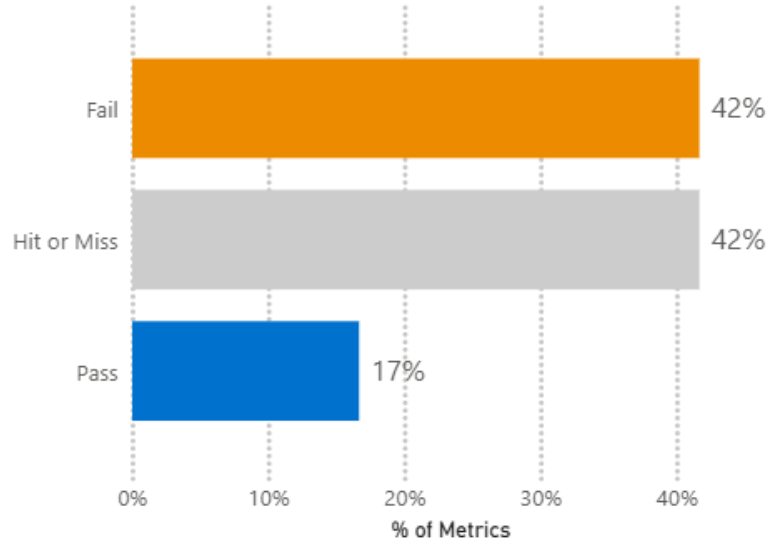
SYSTEM INTEGRATION and PERFORMANCE

Overview (3 of 3)

Variation Icon Summary



Assurance Icon Summary



999 Frontline

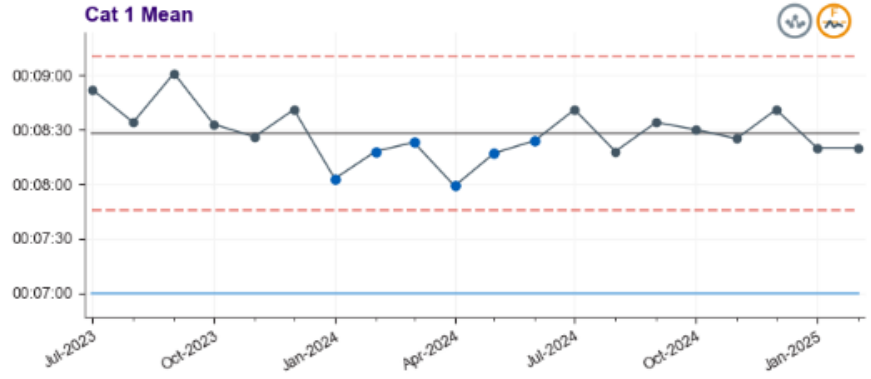
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Feb-2025	01:19:40		01:15:15	01:17:16	01:19:18		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Feb-2025	01:53:30		01:50:21	01:52:20	01:54:20		
Responses Per Incident	Responsive Care	Feb-2025	1.09	1.09	1.09	1.09	1.1		
CFR Attendances	Responsive Care	Feb-2025	1438		1008.21	1453.55	1898.89		
FFR Attendances	Responsive Care	Feb-2025	49		30.11	90.45	150.79		
ECAL Mean Response Time	Responsive Care	Feb-2025	00:28:45		00:24:03	00:26:00	00:27:57		

111/999 System Impacts

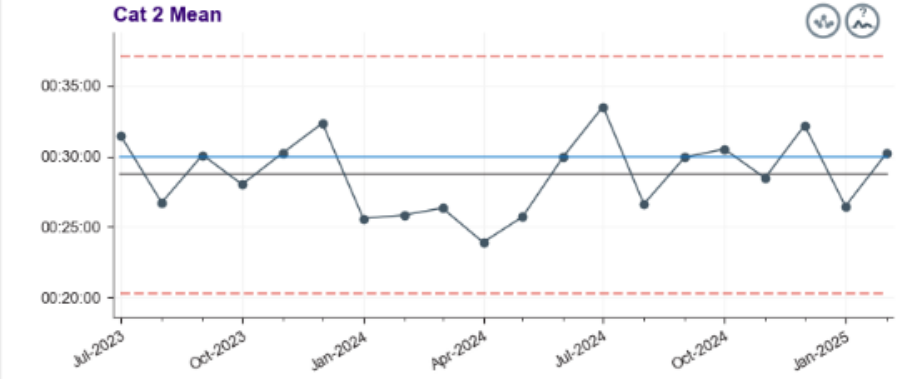
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hear & Treat %	Responsive Care	Feb-2025	15.5%	16.5%	11.84%	13.59%	15.34%		
See & Treat %	Responsive Care	Feb-2025	30.5%	35%	29.41%	30.66%	31.9%		
See & Convey %	Responsive Care	Feb-2025	53.9%	55%	54%	55.61%	57.22%		
Hours Lost at Handover as a Proportion of Provided Hours %	Responsive Care	Feb-2025	1.2%		0.78%	1.06%	1.34%		
Number of Hours Lost at Hospital Handover	Responsive Care	Feb-2025	3421.01		2352.56	3275.59	4198.62		
Average Wrap Up Time	Responsive Care	Feb-2025	00:15:55	00:15:00	00:16:07	00:16:34	00:17:02		
Proportion of Wrap Up Times > 15 minutes	Responsive Care	Feb-2025	41.6%		40.55%	43.44%	46.32%		
A&E Dispositions %	Responsive Care	Feb-2025	6.8%	9%	6.82%	7.66%	8.5%		
A&E Dispositions	Responsive Care	Feb-2025	5188		4569.46	5826.1	7082.74		
Clinical Contact %	Responsive Care	Feb-2025	45.9%	50%	43.57%	46.91%	50.24%		
Ambulance Validation %	Responsive Care	Feb-2025	49.7%	85%	36.78%	53.08%	69.38%		

SYSTEM INTEGRATION and PERFORMANCE

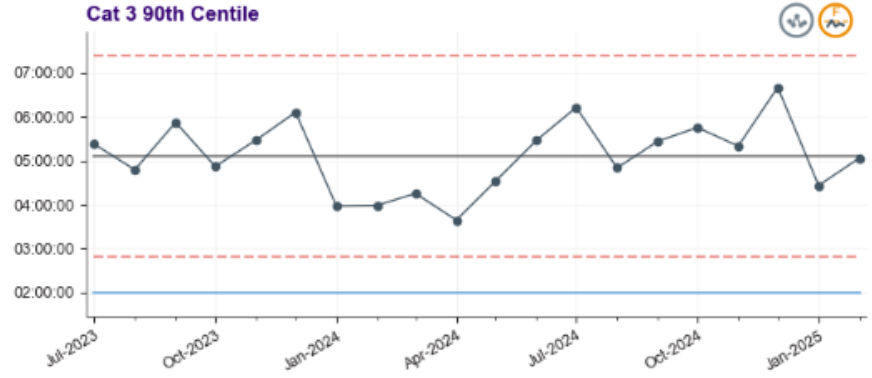
Response Times



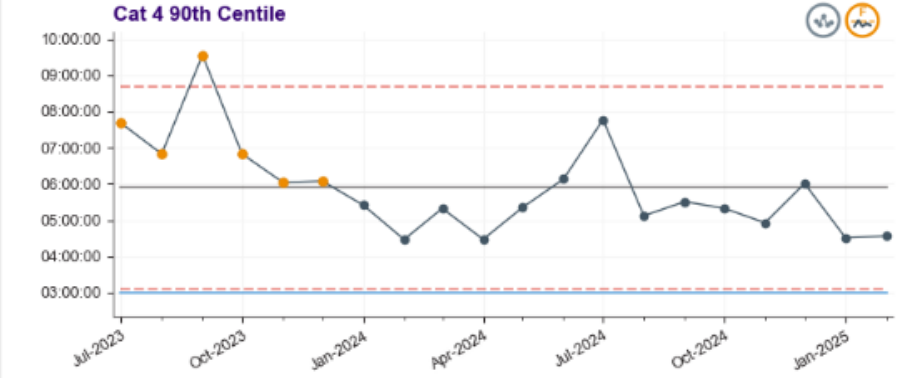
999-2
Dept: Operations 999
IP: Responsive Care
Latest: 00:08:20
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
IP: Responsive Care
Latest: 00:30:12
Target: 00:30:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-5
Dept: Operations 999
IP: Responsive Care
Latest: 05:03:35
Target: 02:00:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-6
Dept: Operations 999
IP: Responsive Care
Latest: 04:33:28
Target: 03:00:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

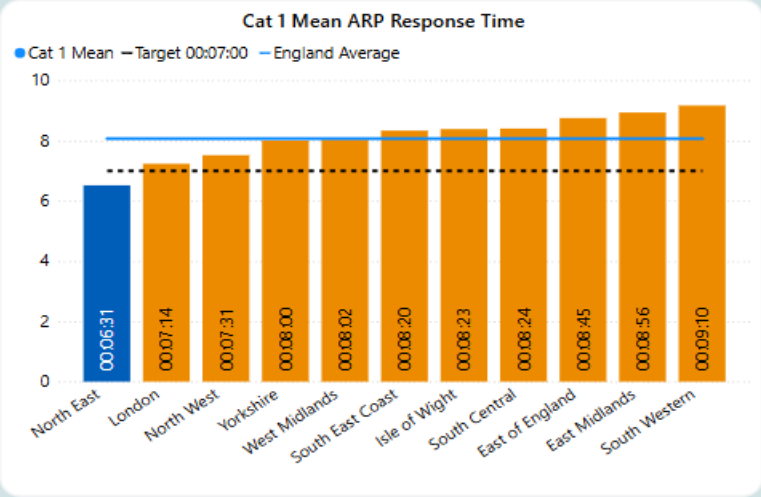
- As can be seen from the information above, the Trust is not meeting the National ARP ***standards*** for all categories, which is a consistent pattern over the past 2 years.
- The key metric for the financial year 2024/25 is the C2 mean which remains in a positive position against the delivery plan but was 12 seconds above the national target.
- At the end of quarter 3, the Trust was delivering a C2 mean of 29min 05sec year to date, in line with the agreed target with commissioners and NHSE
- The C1 mean remains challenging, although the Trust is in line with the national average.
- It is important to note that SECAmb has remained in REAP 3 across Q3 and was the only English ambulance trust not to escalate to REAP 4 over the festive period.

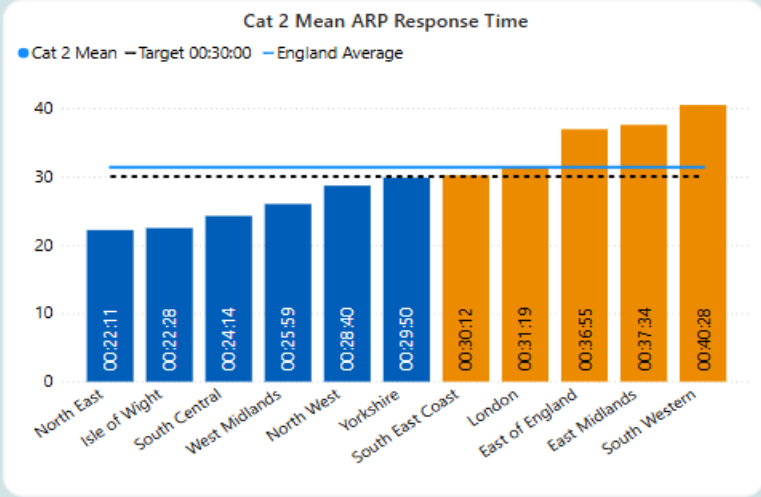
What actions are we taking?

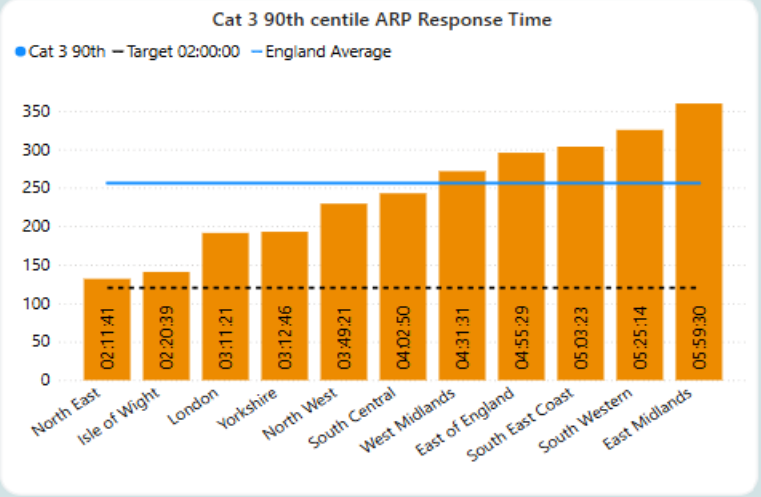
- All 7 Unscheduled Care Navigation Hubs (UCNHs) are in operation and working effectively with system partners.
- There is a continued focus in EOC on delivering C2 Segmentation, to enable prioritisation of C2 ambulance dispatch.
- The Virtual Care programme Board has made good progress and has started work to improve performance through a review of the new Operating Framework to support the delivery of the delivery of the Trust's strategy.
- Regular rotas reviews in line with current activity to set best fit for patients
- There is an agreed programme of work with the Royal Sussex University Hospital between Brighton OU team, Sussex ICB & Hospital clinical leaders. This has been accelerated following the recent CQC visit and report.
- The Performance Operating Cell (POC) pilot was completed and is now being reviewed in conjunction with a review of all call functions across the Trust.
- The Trust will continue with the CSP rapid actions, put in place via a bulletin in December to mitigate clinical risk.

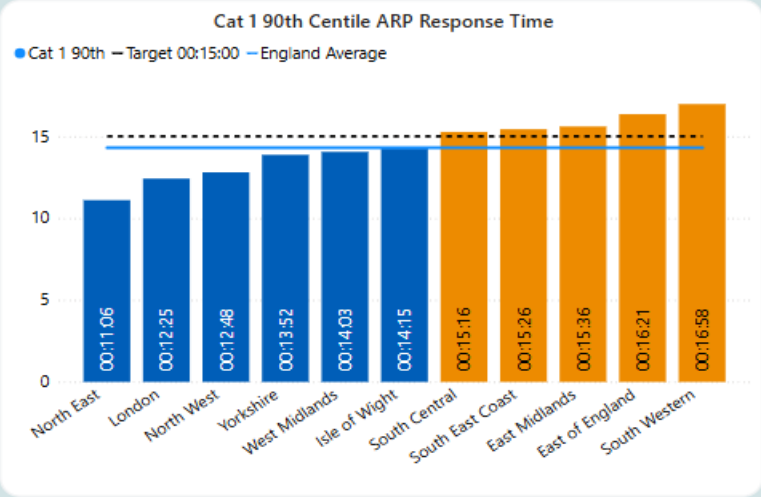
SYSTEM INTEGRATION and PERFORMANCE

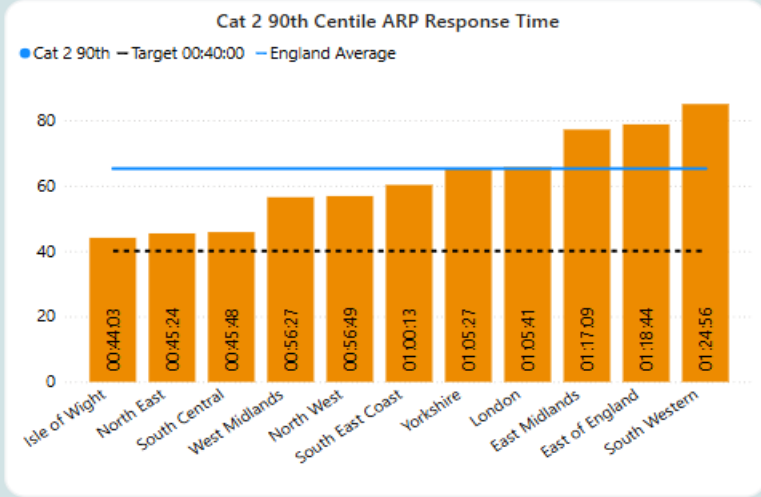
ARP Response Time Benchmarking (data provided for February 2025)

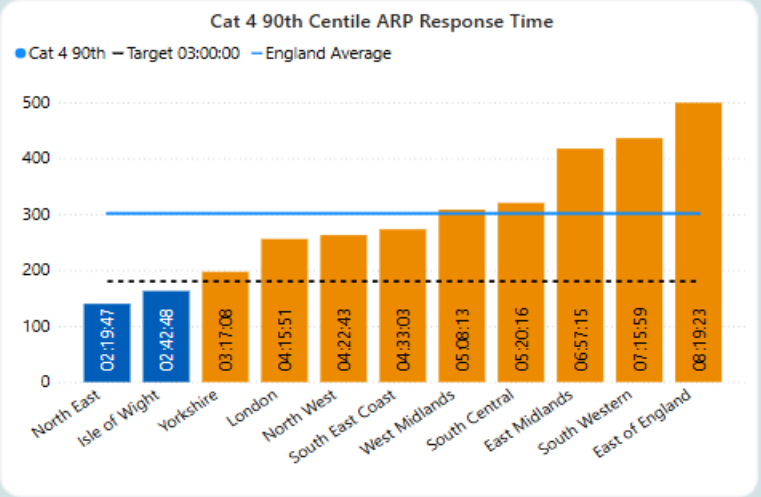










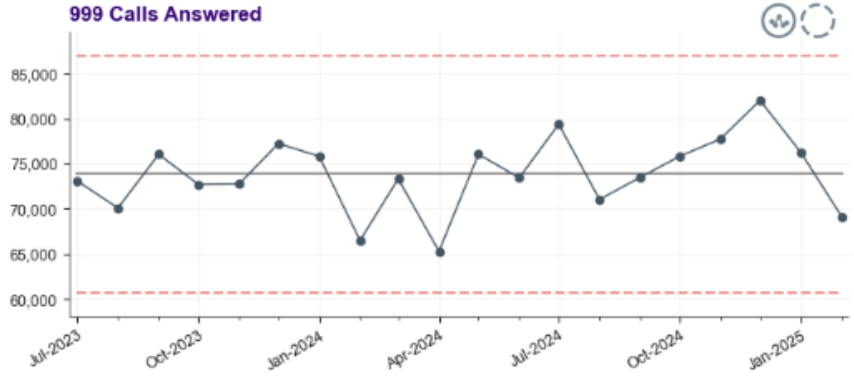


Summary

- C2 performance in February was 30 mins 12 seconds a reduction of 2 minutes from December 2024
- There were 109,481 incidents in Jan/Feb that received a response and category 2 calls made up 60.08% which is in line with past months

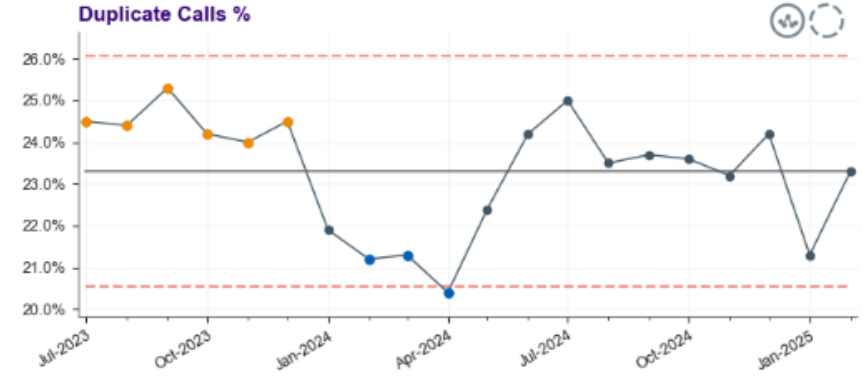
SYSTEM INTEGRATION and PERFORMANCE

EOC Emergency Medical Advisors



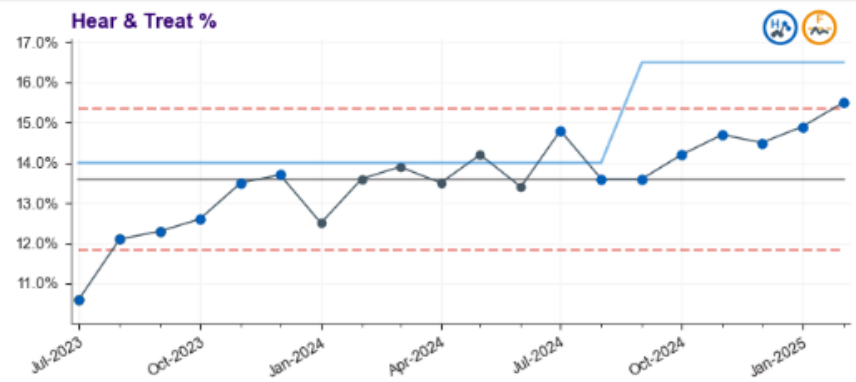
999-10
Dept: Operations 999
IP: Responsive Care
Latest: 69160

Common cause variation, no significant change.

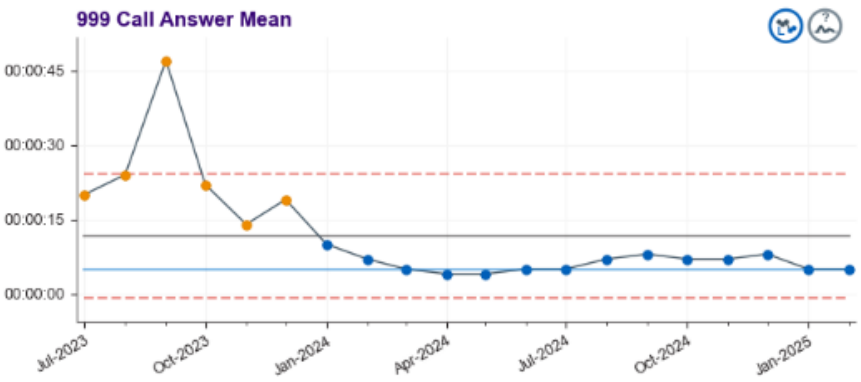


999-33
Dept: Operations 999
IP: Responsive Care
Latest: 23.3%

Common cause variation, no significant change.



999-9
Dept: Operations 999
IP: Responsive Care
Latest: 15.5%
Target: 16.5%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



999-1
Dept: Operations 999
IP: Responsive Care
Latest: 00:00:05
Target: 00:00:05
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

Summary

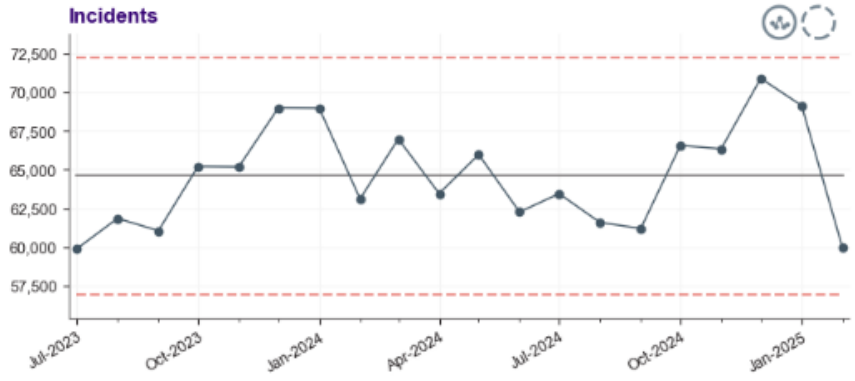
•In this financial year, call answer mean time was in line with national AQI targets for Q1, behind in Q2 and Q3 but on target in Q4. Overall, there has been a continued improvement on 2023/24 i.e. a 5 second mean in Jan & Feb 2025 against 8 secs the previous year. The relatively small fluctuation in 999 call answering mean above the 5 seconds target in Q2 and Q3 was attributable to a variety of factors including the Trust moving towards having the requisite call handling capacity, day-to-day fluctuations in call demand and profiles, and the reduction in call handling overtime. The service is now fully staffed for its Emergency Medical Advisors (EMAs) but continues to recruit to ensure that the right call handling staffing is available to achieve the AQI target of 999 call answering in 5 secs.
•·EMA recruitment and the staff retention remains important, but the main focus in Q4 has been the quality and productivity of calls.
•·The underlying trend for Hear & Treat is still upwards,15.24% for Jan & Feb '25 vs 13.1% the previous year but the delta from target performance is attributable to multiple factors including a deficit in the clinicians available to achieve optimal virtual clinical assessment. The support provided by EOC to facilitate the launch of the Unscheduled Care Navigation Hubs (UCNHs) in relation to NHS PaCCS over Q3 also adversely impacted clinician availability. The Trust is still orienteering to a new clinical assessment model, with virtual care undertaken by clinicians in contact centres and UCNHs. The Virtual Care programme will oversee actions to improve H&T performance and quality.

What actions are we taking?

•EMA establishment is above plan for the funded establishment of 265 WTE. Despite the ongoing challenge presented by recruitment in the Gatwick area, recruitment in Medway following the move from Coxheath/Ashford to Medway in 2023 progresses well. The current position being 289 WTE of which 278 WTE are live and 11 WTE in training and/or mentoring to "go-live" in March 2025.
•The 999 Call Answering improvement plan is ongoing, with a focus on the quality of call handlers and their productivity. The EOC operations rota review went smoothly and is now in place. However, despite minimal issues or concerns from staff, a second phase has commenced to address some anomalies and to ensure that the EMA rotas fully matches demand and is more efficient, reducing the impact of some rota idiosyncrasies.
•C3/C4 clinical validation continues, and the C2 segmentation implementation phase 2 has gone well, with a step change in the number of C2 segmentation interventions daily. The service continues to work collaboratively with NHS E to improve C2 Segmentation and Hear & Treat, and is on track to implement the C2 Segmentation model by the 1st April 2025, as designated by NHS E.
•The Hear & Treat trajectory was to achieve 16.5% by the end of Q4, and the Trust was slightly behind with this trajectory with a Hear & Treat of 15.3% across Q4. Although UCNHs and C2 segmentation changes should increase the Trust's virtual clinical capacity, despite the Trust improving its H&T, it is unlikely that SECAmb will achieve its stretched target of 16.5% H&T by the end of Q4.

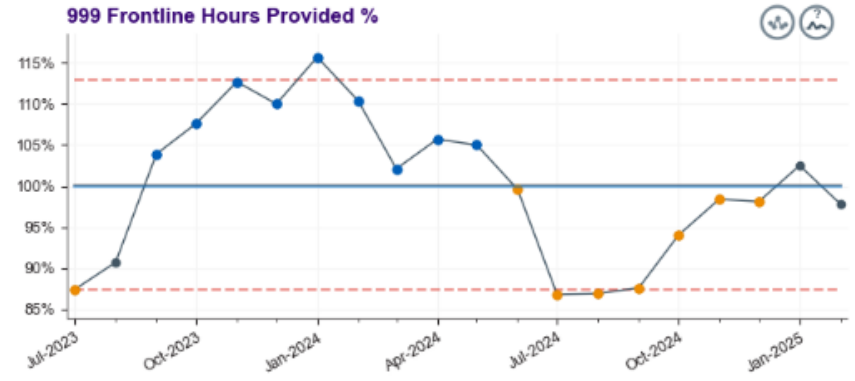
SYSTEM INTEGRATION and PERFORMANCE

Utilisation

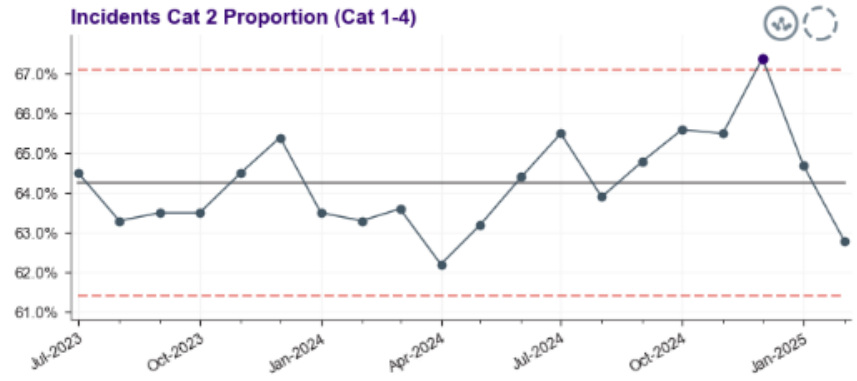


999-10
Dept: Operations 999
IP: Responsive Care
Latest: 59985

Common cause variation, no significant change.

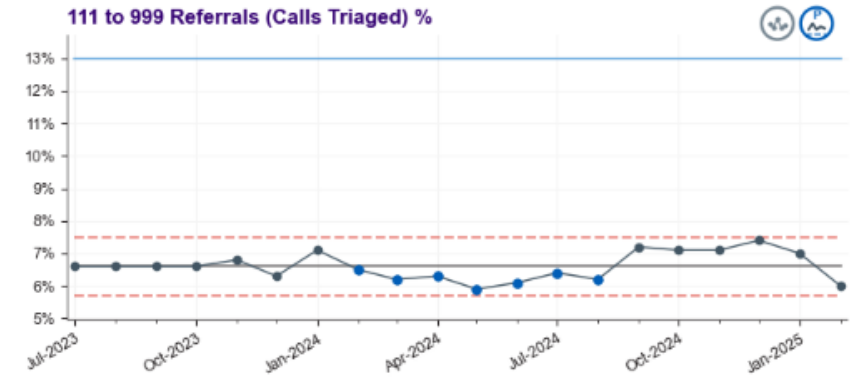


999-12
Dept: Operations 999
IP: Responsive Care
Latest: 97.8%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-32
Dept: Operations 999
IP: Responsive Care
Latest: 62.8%

Common cause variation, no significant change.



111-4
Dept: Operations 111
IP: Responsive Care
Latest: 6%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

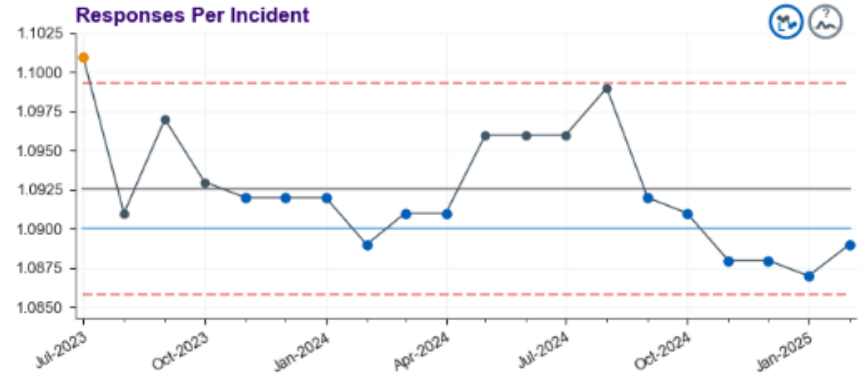
- Staffing in Field Operations is at (slightly ahead) of funded positions and at trust level provide required weekly hours. There remains a need due to changes introduced including shift of call dispatch time and validation a requirement to better align rotas in the coming year as there are times where provision doesn't meet demand.
- Training continues to be delivered against plan.
- Focussing on NHS Pathways triage and clinical validation of ambulance referrals in 111 has resulted in a national best in class, low ambulance referral rate from 111 to 999 in Kent and Sussex.
- The Trust also continues to deliver exceptional Direct Appointment Booking (DAB) in its 111 service, supported by consistently good ED validation as per the NHS E 111 First criteria. This has enabled 111 to protect the wider healthcare economy and facilitate patient flow to the appropriate downstream services.

What actions are we taking?

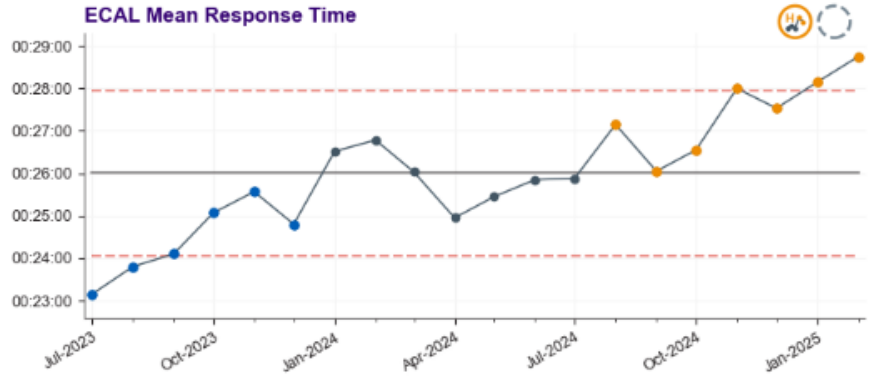
- Greater flexibility between the Trust's 111 and 999 services to dynamically use clinicians to maintain C3/C4 validation at a high level, prior to ambulance dispatch. This also applies to specialist clinicians like Mental Health Practitioners and Paediatric Nurses.
- C2 Segmentation, to support apposite ambulance dispatch, aligned to NHS E standards.
- Continued focus on optimising resources through abstraction management and targeted overtime to provide additional hours – continued management of sickness and reduction in annual leave levels has improved resourcing.
- Ongoing focus on optimising clinical validation in EOC in real-time, coordinated by Clinical Safety Navigators (CSNs) and overseen by the Trust's Operations Managers Clinical (OMC) to mitigate risk and improve clinical effectiveness across 999.
- Urgent Community Response (UCR) Portal is fully live for Sussex and Surrey, and in part across Kent. However, downstream service capacity remains an issue, with poor acceptance rates from UCR services.
- EOC will continue to work with and support clinical validation in the UCNHs in Q4.

SYSTEM INTEGRATION and PERFORMANCE

999 Frontline

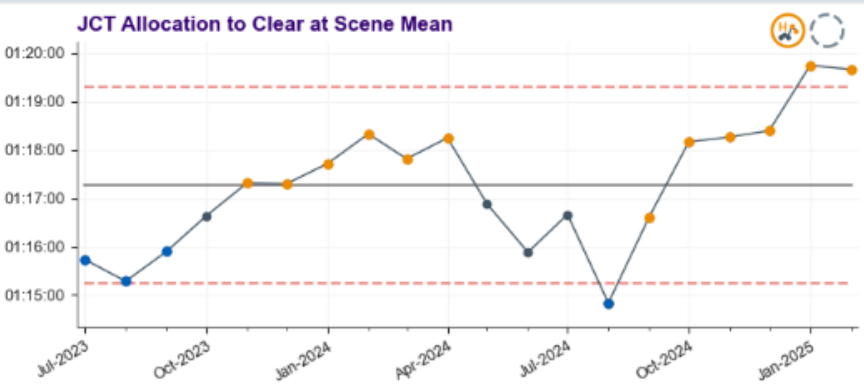


999-17
Dept: Operations 999
IP: Responsive Care
Latest: 1.09
Target: 1.09
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



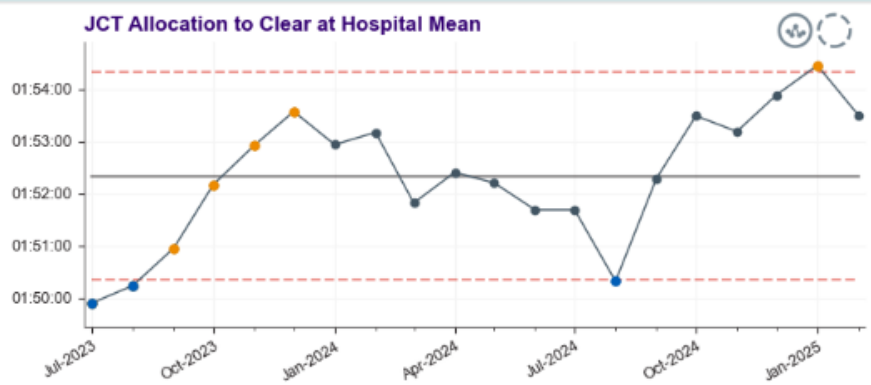
999-13
Dept: Operations 999
IP: Responsive Care
Latest: 00:28:45

Special cause of a concerning nature where the measure is significantly HIGHER.



999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:19:40

Special cause of a concerning nature where the measure is significantly HIGHER.



999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:53:30

Common cause variation, no significant change.

Summary

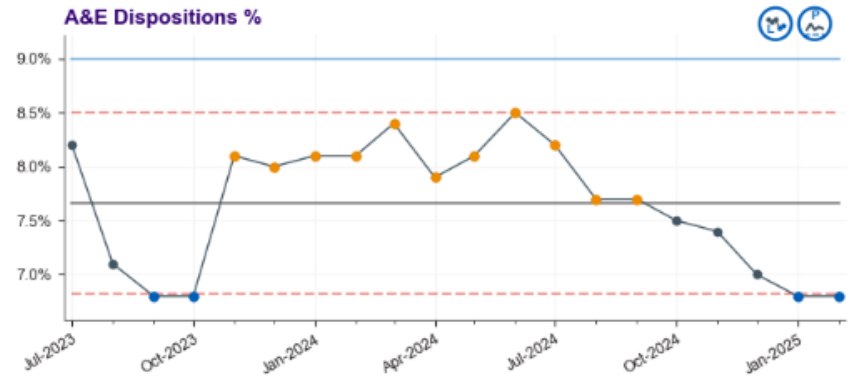
- The number of resources allocated per incident is an ambulance industry standard which provides an overview of dispatch efficiencies – as can be seen from the above the performance has been below or on target for several months, with common cause variation.
- Job cycle time (JCT) continues to see pressures which are in line with normal winter cycle times. It is expected as we return to spring and summer that this will see improvements back to the base line seen in the summer of 2024.
- Ecal times have increased – partly due to the volume of calls now having virtual response and validation and a focus on alternative pathways.
- JCT allocation to clear at Hospital mean – that winter pressures are well managed and already showing improvement on 2024 at a system level is sustained.

What actions are we taking?

- A pilot of local community dispatch model is due to start Monday 31st March 2025 to review how we can reduced JCT and improve both clinical outcome and response times.
- UCNHs review is underway.
- Portfolio roles are being developed with collaboration with Integrated care to increase virtual response and reduce physical response which is anticipated to improve JCT.

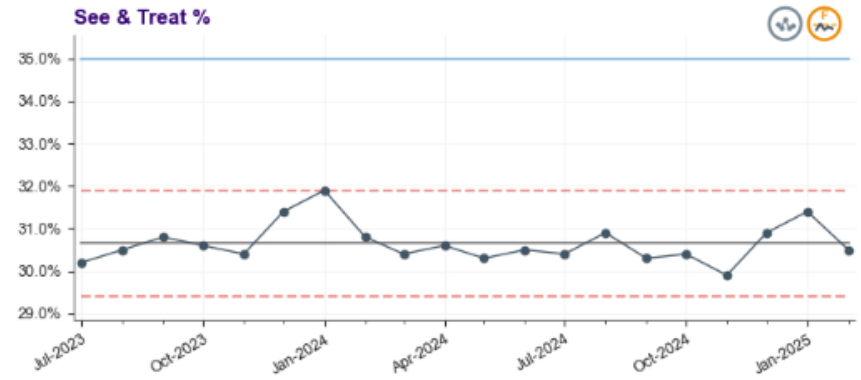
SYSTEM INTEGRATION and PERFORMANCE

111/999 System Impacts



111-5

Dept: Operations 111
IP: Responsive Care
Latest: 6.8%
Target: 9%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



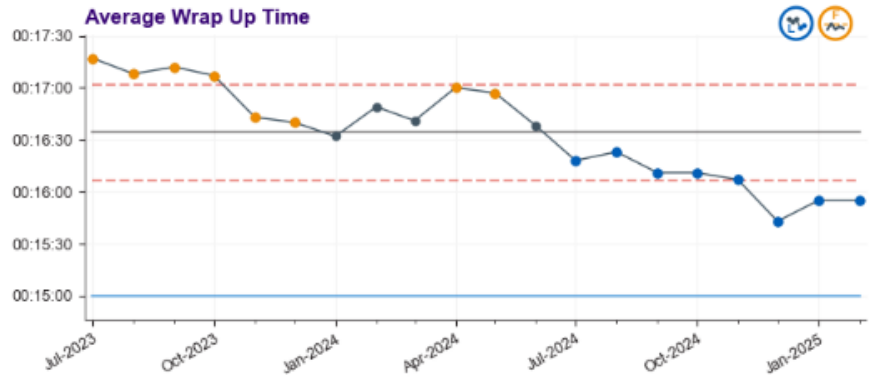
999-9

Dept: Operations 999
IP: Responsive Care
Latest: 30.5%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

999-24

Dept: Operations 999
IP: Responsive Care
Latest: 3421.01

Common cause variation, no significant change.



999-31

Dept: Operations 999
IP: Responsive Care
Latest: 00:15:55
Target: 00:15:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary

•The 111 to ED disposition rate has been maintained at a very low level since the introduction of "111 First", Direct Appointment Booking (DAB) and ED validation. The Trust's 111 service is consistently effective at DAB and ED validation, resulting in an ED referral rate significantly better than the NHS E 111 national average and benchmark leading DAB.

•Although the number hours lost via handover delays fell in Feb, average H/O times have increased across Q4, this is consistent with wider system pressures with acute partners and remains better than most ambulance trusts.

•The Trust See and Treat rate remained at 31% for Jan & Feb '25, noting that there is significant variation between geographical dispatch desk areas heavily influenced by the availability and accessibility of community care pathways as alternatives to Emergency Depts. This variation will be influenced by the availability and accessibility of the services, and local team confidence to use them.

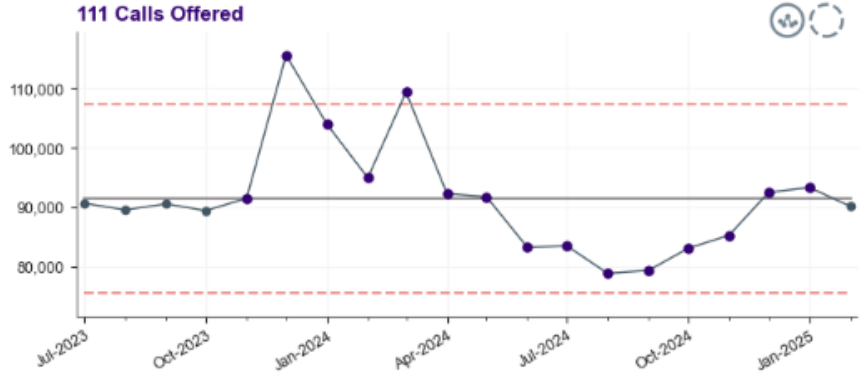
•Wrap-up time have shown improvements, with average wrap up times on a positive trajectory.

What actions are we taking?

- The Trust continues to collaborate with local teams regarding the utilisation of community pathways of care i.e., Urgent Community Response (UCR) and other services.
- The UCNHs have enabled the Trust to work collaboratively with system partners as part of clinical MDTs, identifying pathways for our crews to use and avoid unnecessary conveyance to ED.
- Continued partnership working with hospitals relating to hand over time, both on a local and strategic level, monitored at the weekly (Friday) system (Commissioners + SECAmb + NHSE) calls. To note: as a Trust, SECAmb continues to see significantly ***lower handover times*** across all hospitals than most other English ambulance services because of this collaborative work. This work is core to the NHS E 45-minute handover principles.
- There are multiple weekly meetings, internal and external to ensure the Trust retains grip on performance and takes the requisite actions to stay on track with the Trust's delivery plan.
- Overall, Trust level performance remains relatively strong, as indicated by the national AQI benchmark tables.

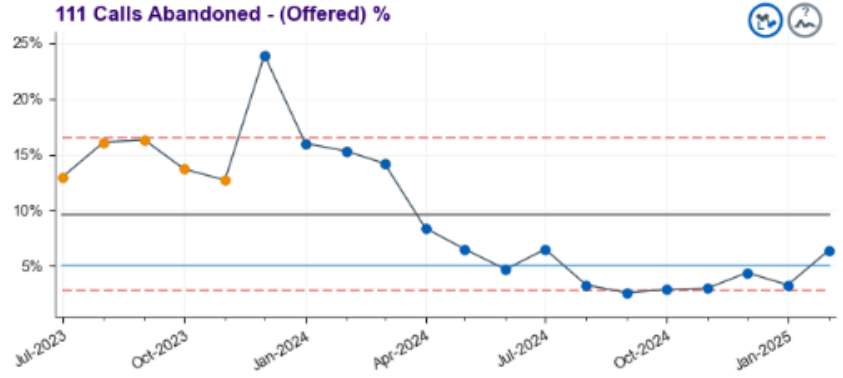
SYSTEM INTEGRATION and PERFORMANCE

111

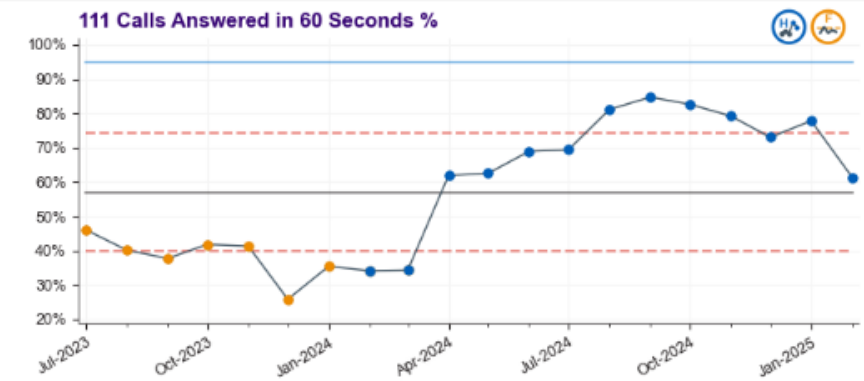


111-1
Dept: Operations 111
IP: Responsive Care
Latest: 90141

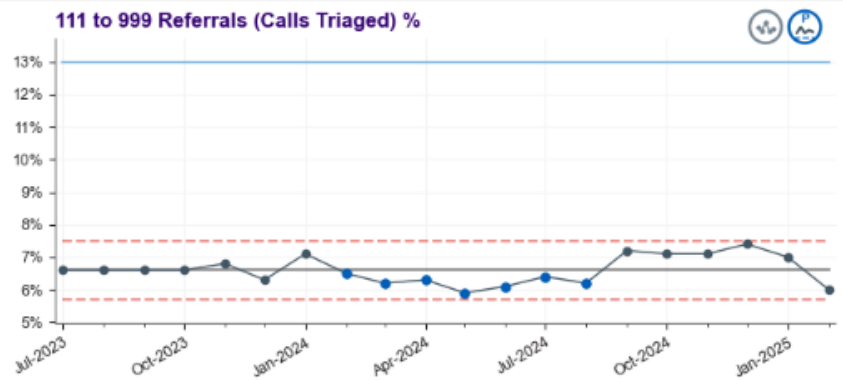
Common cause variation, no significant change.



111-3
Dept: Operations 111
IP: Responsive Care
Latest: 6.4%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



111-2
Dept: Operations 111
IP: Responsive Care
Latest: 61.4%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



111-4
Dept: Operations 111
IP: Responsive Care
Latest: 6%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

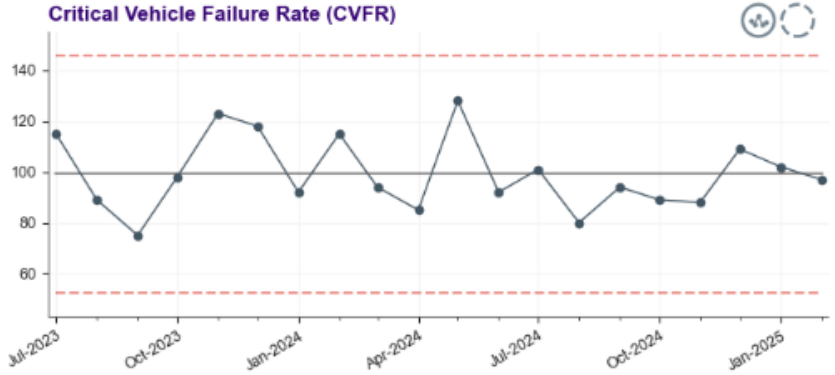
•Although the 111 call volume year to date has decreased, the actual calls answered has increased because of greater staff availability and better productivity.
•The service's operational responsiveness has noticeably improved in 2024/25, as reflected in the reduced Average Speed to Answer (ASA) and lower rate of abandoned calls.
•The improved operational performance of the service is directly related to the increased Health Advisor numbers, due to lower attrition and good recruitment numbers and improved efficiencies.
•The clinical outcomes remain strong, and the service leads the country in terms of ETC1 (ED) and 999 referral rates.
•The service continues to be effective in protecting the wider integrated urgent and emergency care system, as reflected in its high levels Direct Appointment Booking (DAB) significantly above the NHS E national average, whilst maintaining a stable clinical contact rate for the service. This has all been achieved despite a significant reduction in central 111 funding for this financial year.
•NHS E decommissioned its 111 national resilience support on the 14th February 2025 however, despite the removal of this support, SECAmb has continued to perform significantly better than last year.

What actions are we taking?

•The service continues to protect the wider healthcare economy by being a benchmark IUC provider nationally for 999 and ED validation, in addition to Direct Appointment Booking (DAB).
•Although the Trust was successful in working with NHS E and securing additional support from an established 3rd party 111 provider, to support operational performance delivery, this will finished in Feb 2025.
•The Trust continues to work with its 111 sub-contractor to improve rota fill and performance across key metrics, operationally and clinically.
•The service has worked hard on improving culture and on staff retention, aided by now having more than 130 "Agile" Health Advisors, having the flexibility to answer 111 calls from home.
•The service has addressed its previous staff shortfall prior to moving to Medway. The funded Health Advisor call handler target of 252.6 WTE, has been surpassed with a current established staffing of 278 WTE, including 7 WTE in training.
•The Trust is working with commissioners to secure a contract extension for 111 until March 2027, whilst reviewing the current sub-contractual operating model to improve service efficiency and financial viability.

SYSTEM INTEGRATION and PERFORMANCE

Support Services Fleet

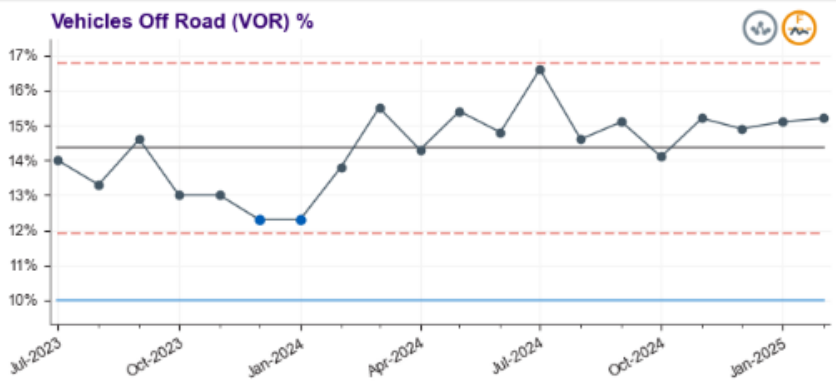


FL-12
Dept: Fleet
IP: Responsive Care
Latest: 97

Common cause variation, no significant change.

FL-3
Dept: Fleet
IP: Responsive Care
Latest: 80%

Common cause variation, no significant change.



FL-13
Dept: Fleet
IP: Responsive Care
Latest: 15.2%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary and Action Plans

Critical Vehicle Failure Rate and VOR Currently 15% of our operational DCA fleet is above recommended design life (5 years for Fiat, 7 years for Mercedes), against 38% on the 1st of April 2022.
VOR remains above target of 10% due to the known issues associated with delayed parts and reliability of FIAT and reliability of older Mercedes Fleet. Order has been placed for 27 new vehicles due in September 2025 with further potential funding from NHSE allowing us to order a further 70 new DCAs.

In addition, vacancies within the Vehicle Maintenance Technicians (VMT) team are impacting the capacity we have to address VOR issues within our workshops (vacancies are down from c. 10% to 4% so improvement is expected). We currently have 3 vacancies as of January 2024. A Business brief has been submitted to secure funding to increase the fleet maintenance technician workforce in line with Fleet size due to planned hours deficit of 17000 maintenance hours, and we are still exploring the use of the apprenticeship scheme to increase our capacity. This is aligned to Risk ID 333.

The planned vehicle services is currently at 73% for December. This is due to less Fleet staff abstraction, a dedicated agency worker for this work and an increase of staff overtime where possible to improve our performance in this area. There are still current vacancies for VMTs and there is a requirement to increase our VMT workforce in line with vehicle numbers, so we have enough available workshop hours to meet the required demand of maintenance hours required to complete planned vehicle maintenance for our fleet size. A business improvement template has been submitted for this improvement, and we are awaiting a decision on this case and potential funding. No further improvements can be made in this area without further investment to increase the VMT workforce.
Concerns around parts supply continue to be raised nationally by Fleet Managers and escalated to suppliers regularly at quarterly meetings. We are also looking at increasing our stock lines for Fiat to support the reductions of off-road times. An order has been placed to procure 27 MAN DCAs and a further NHSE business case will be submitted to secure further capital investment funding for 70 more replacement DCAs that will remove our oldest vehicles from Fleet and replace Fiats as they get to 5 years old.

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Agenda No	14/25

Name of meeting	Trust Board
Date	30 April 2025
Name of paper	Quality & Patient Safety Committee Assurance Report – 10 April 2025
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Quality & Patient Safety Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk.

This assurance report provides an overview of the most recent meeting on 10 April 2025, and is set out in the following way:

- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Assure**: where the committee is assured
- **Advise**: items for the Board's information

To start the meeting a comprehensive report on the quality and patient safety risks was considered. This helps ensure the committee has good alignment to the Risk Register, which was reflected through the discussions.

ALERT

Models of Care
An update on progress with this programme was received and this will be a key focus of the committee during 2025-26. Alongside Virtual Care, this is fundamental to our strategy as it helps us shift to our future model, acknowledging the status quo is becoming increasingly unsustainable.

Clinical Supervision
The committee is really supportive of the work to engage stakeholders in the development of a robust approach to clinical supervision. Matching people more specifically to their individual development needs, rather than always via their line manager as some are doing. The aim is by the end of Q1 to have the final processes in place with roll out from Q2. The committee acknowledges the number of risks that will be positively impacted by the roll out of this and so will keep close to this to seek ongoing assurance as it is implemented.

ASSURE

Integrated Patient Safety Report Including Q1 LFD Report
There is positive alignment of the focus of the Board / Committee with the six patient safety triangulated themes:

1. Driving standards – this is also a theme from the Risk Register and a focus of a recent Board Story

2. Medicines – covered by both this and the finance committee related to the Medicines Distribution Centre and an area of compliance included in the BAF

3. Equipment (missing / faulty equipment) – reflected in the Risk Register

4. Discharge on Scene – covered by this committee as one of the QI priorities

5. Non attendance (not attending onward referral via H&T) – reflected in the Risk Register, but further assurance is needed, and so will be added to the committee's annual plan.

6. IFTs – one of the QI priorities

Following the review of the LFD report, the Board is aware of the work nationally to review how best to undertake LFDs across the ambulance sector.

QI Priority: Safety in the waiting list
A closure report was considered for this, which was our first QI project in January 2024. As reported at a National Conference, it has delivered several improvements including a standardised process for advising patients of an estimated time of arrival for C2, C3 and C4 calls, the implementation of interim care advice, and automated text messaging. These improvements have supported more than 1000 hours of resource being given back to both clinical and non-clinical teams, allowing an increase focus on patient care and those most critically unwell. Efficiency savings have been calculated based on the baseline period for the project and this equates to over £200k. Other trusts and blue light services are following our lead in the use of text messages. The committee commended this excellent work.

Clinical Review of NHS.net BCI
A very comprehensive review was undertaken to test for any clinical impact / harm from this business continuity incident. None was identified. It did however highlight some related issues which are being followed up, related to how clinical information is exchanged with partners.

ADVISE

Quality Account Priority: Health Inequalities
Maternity Aim: '*Ensuring effective pain management for pregnant women from Black, Asian and minority ethnic communities and from the most deprived groups during encounter with SECAMB*'.
Severe Mental Illness Aim: '*Ensure annual physical health checks for people with SMI to at least nationally set targets*'.

Steady progress has been made to date, limited by the ability to collect data at a statistically meaningful level. Year 2 has a clear plan for implementation with additional work to be completed in relation to the wider ambitions for SECAMB as an anchor institute.

Quality Account Priority: Unsafe Discharge

This introduced post discharge reviews as a pilot which remains ongoing as we move to wider roll out. The process has been well socialised to ensure people understand the context and the approach being constructive, rather than punitive. The outcome of the pilot to date includes:

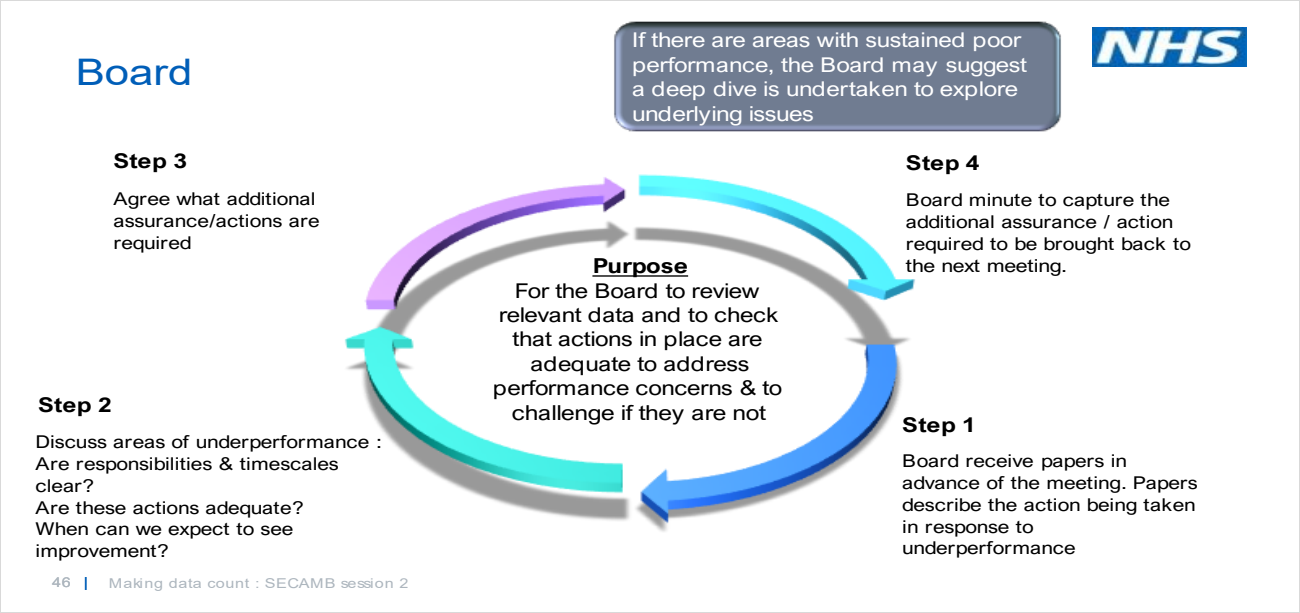
1. Over 95% of reviews found the discharge was safe.
2. Where gaps in evidence are evident the reasons for each are explored.
3. Where there are any significant concerns, patients are promptly re-contacted.

Quality Account Priority: Patient Care Records

The overall aim is to improve the quality of patient care record completion and support meaningful supervision to our colleagues. Good progress is being made but more still to do, including how we support our CFRs who still currently use paper records.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



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Board Assurance Framework

2025/2026

Our People Enjoy Working at SECAmb

Our people enjoy working at SECAmb

1	Tier 1
2	Tier 2
QI	QI
Directorate objective	Directorate objective

2024 2029 Strategy Outcomes

- Deliver career development opportunities for all staff across the Trust – 70% staff surveyed agree
- Our staff recommend SECAmb as place to work – over 60% staff surveyed agree
- Reduce staff turnover to 10%
- Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2025/26 Strategic Transformation Plan

- **Organisational Operating Model Programme** 1
  - Implement corporate restructure (including Hybrid Working Practices) going live **by end Q3**
  - Transition to Clinical Divisions **by end Q2** and undertake Clinical Operating Model design by end of Q4
- **People Services Improvement Programme** 1
  - Embed People Services new structures to enable effective support, with 90% staff in post by end of Q2
  - Develop Case for Change for optimising Recruitment and Service Centre by end of Q3
  - Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER services by end of Q4
  - Develop capability and professional practice of People Services
- **Long-term Workforce Plan Definition**
  - Scope to be developed by Q3 following the development of Models of Care

2025/26 Outcomes

- Improve staff reporting they feel safer in speaking up – statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as place to work – statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened.

2025/26 Operating Plan

- Full implementation of Resilience (Wellbeing) Strategy **by Q4**
- Implement Shadow Board **in Q1**
- Embed Trust Values & associated Behaviour Framework **by Q4**
- Refresh of the professional standards function by **end of Q2**
- Development of Integrated Education Strategy, informed by the EQI **by end of Q3**
- Establish the approach to volunteers

Compliance

- Equality Act / Integrated EDI Improvement Plan
- Sexual Safety Charter Commitments
- Education
- Statutory & Mandatory Training & Appraisals

BAF Risks

- **Culture and Staff welfare:** There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.
- **People Function:** There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
- **Workforce capacity & capability:** There is a risk that the Trust does not have a sustainable workforce model, supported by a 2025/26 workforce plan with a clearly identified clinical skill mix, due to competing strategic and operational priorities, resulting in an inability to transition from physical to virtual care long-term.
- **Organisational Change:** There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

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Appendices

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Tier 1 End of Year 24/25 Summaries

Tier 1 End Year 24/25 Summary

High Level Programme Summary (as of 31/03/2025)

NHS South East Coast Ambulance Service NHS Foundation Trust

HR Improvement Plan

Programme key achievements and Impact

- The HR Improvement Plan successfully **increased capacity and capability within the HR function** by addressing leadership gaps and clarifying responsibilities. This resulted in a more stable HR function, with the right expertise in place to drive directorate priorities effectively. Key evidence of this achievement includes the successful delivery of programme outcomes, completion of the MARS programme, and the establishment of strong interim senior leadership. Additionally, new structures have been approved for implementation by September 2025, alongside demonstrable improvements in ER casework and training.
- The **response to ER casework and backlog reduction has improved** through the introduction of standardised triage practices, reducing unnecessary escalations and freeing up HR and operational managers. Mediation and proactive interventions have shifted the focus from a reactive to a more constructive resolution approach. Evidence of success includes a demonstrable reduction in all active cases opened before October 2024, implementation of the Suspension Review and Grievance Triage Panel, and the launch of the Mediation programme. Furthermore, a strong foundation for ER casework improvements was established in Year 1, with further developments expected under both BAU and Year 2 priorities.
- A key achievement has been the **training of agreed cohorts of managers in ER,** enhancing their capability in handling ER issues and promoting more consistent and confident decision-making across the organisation. Supporting evidence includes the successful delivery of ER Investigations Training to three cohorts, with 49 attendees comprising Operational Managers, Senior Managers, and HR Representatives. Additionally, CPD Training was provided to 21 attendees, and Sexual Safety training for Investigators & Commissioning Managers was delivered across three cohorts, reaching 60 attendees.
- Progress has also been made in **improving relationships with Trade Unions** towards a more collaborative approach. However, further work is required to resolve outstanding governance challenges. Evidence of these efforts includes proactive attempts to strengthen the relationship, although challenges remain regarding approval of Terms of Reference and the implementation of new Joint Partnership Forum governance. A recommendation has been made for this workstream to move under the Executive Portfolio.

Outstanding milestones moving into FY 25/26 and rationale for why?

- The full integration of the operating model will continue to be monitored under the programme
- The second iteration of the ER dashboard will be reviewed as part of Phase 2 of the People Services Improvement Programme
- The ER programme will continue, with a focus on enhancing the ER processes

Any milestones moving into BAU and rationale for why?

- Current ER training packages will be fully embedded within the Paramedical portfolio, ensuring that all new starters receive a comprehensive induction
- Due to delays in approving the Terms of Reference, the new forum governance implementation will be pushed into next year. It is recommended that the Trade Union partnership workstream be monitored under the Executive portfolio going forward.

	Key Performance Indicators/ Success Criteria	Status Details
✓	• HR Structure design alignment with Trust Divisional Model signed off by EMB	• Achieved, HR structure approved by EMB
✓	• Operating Model Business Case approved by EMB	• Achieved, Business Case approved by EMB
✓	• 50% reduction of legacy cases (baseline for cases that have been active for over 200 days on 01 Oct 24: 20 cases)	• Achieved, 12 cases over 200 days closed
✓	• 30% reduction of live grievances as of 01 Oct 24 (61 to 43)	• Achieved: number of grievances labelled as "active" on 01 Oct 24 decreased from 61 to 33, which represents a 45% reduction
✓	• 30% reduction of live disciplinaries as of 01 Oct 24 (36 to 25)	• Achieved: number of disciplinary cases labelled as "active" on 01 Oct 24 decreased from 36 to 20, which represents a 44% reduction
x	• Improve casework data accuracy to 95% compliance	• Not achieved: delays to the BI dashboard development paused due to lack of Digital Analytics resources to link the BI dashboard to the existing ER system. This has caused delays in the SOP being released.
✓	• 25 x trained staff in ER Team CPD Training (Beachcroft)	• Achieved, 21 x trained staff
✓	• 30 x trained managers in ER Training	• Achieved, 49 x trained staff
x	• 10 x trained staff as “ER Training facilitators”	• Not achieved - only 3/10 trained facilitators have completed the course. Further opportunities for accreditation to be delivered by the Learning Team as BAU.
✓	• 60 x trained managers in “Sexual Safety” training	• Achieved, 60 x trained managers
	• JPF Terms of Reference approved	• Under review: Engagement with Trade Unions continues, with updates scheduled for JPF on 28 Mar.
	• Agreed JPF workplan for 25/26 in place	• Not achieved - removed from scope (due to dependency on JFP ToRs being approved)

Tier 1 End Year 24/25 Summary

South East Coast Ambulance Service NHS Foundation Trust

High Level Programme Summary (as of 31/03/2025)

Divisional Operating Model

Programmes key achievements and Impact

- Executive Director (COO) was appointed.
- Operations Director Restructure consultation was completed, which allowed for 2 of 3 Divisional Directors to be appointed. This created stability at a Senior level in Operations and supported Executive and Leadership team alignment with the Trust strategy and Divisional Operating model.

Outstanding milestones moving into FY 25/26 and rationale for why?

- The third and final appointment of the Divisional Directors of Operations. This is critical to enable the move to 3 x ICS-based field ops divisions and for further operating model design work to be delivered in FY25/26.
- Identification of programme workstream leads and priorities will move into Q1 of FY25/26 due to the slippage to complete full programme scoping prior to end of FY24/25 Q4 due to dependency on decisions around wider programme structure (Org Operating Model).

Any milestones moving into BAU and rationale for why?

- N/A

KPIs

✓	Operations Directors restructure consultation completed	Achieved: Successful implementation of Org Change policy to allow for recruitment of Divisional Directors
✓	1 x Chief Operating Office appointed	Achieved: Jen Allan in post - start date 01 Oct 24
✓	2 x Divisional Directors of Operations appointed	Achieved: Andy Rowe and Lara Waywell successfully recruited to Surrey and Sussex ICS-Based field operations divisions.
X	All (3x) Divisional Directors of Operations in post	Not achieved: Third candidate unsuccessful (initially a restricted vacancy under Redeployment Policy). Milestone moving to FY25/26

South East Coast Ambulance Service
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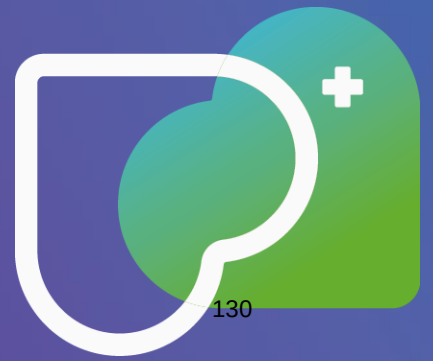
Integrated Quality Report

Trust Board – April 2025

Reporting Period: January & February 2025



Icon Descriptions

	P	?	F	
H	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER.** Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly **HIGHER.** The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
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↗				Special cause variation where **UP** is neither improvement nor concern.
↘				Special cause variation where **DOWN** is neither improvement nor concern.
				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

South East Coast Ambulance Service NHS Foundation Trust

People

Executive Summary

PEOPLE

People metrics show overall stability with continued improving trends in turnover and significant reductions in EOC and 111 attrition. The improved retention rates is being kept under review and ensure improved workforce planning to prevent over-establishment.

While recruitment remains steady, key areas requiring focus include sickness absence (which has improved but remains above target at 6.7%), statutory training compliance (77.2%), and appraisal completion rates (66.8%). Active management of grievances and staff welfare continues, with work to triangulate sources of employee relations feedback with FTSU data being undertaken, and to continue to oversee and streamline processes for our people.

PEOPLE

Summary

February 2025

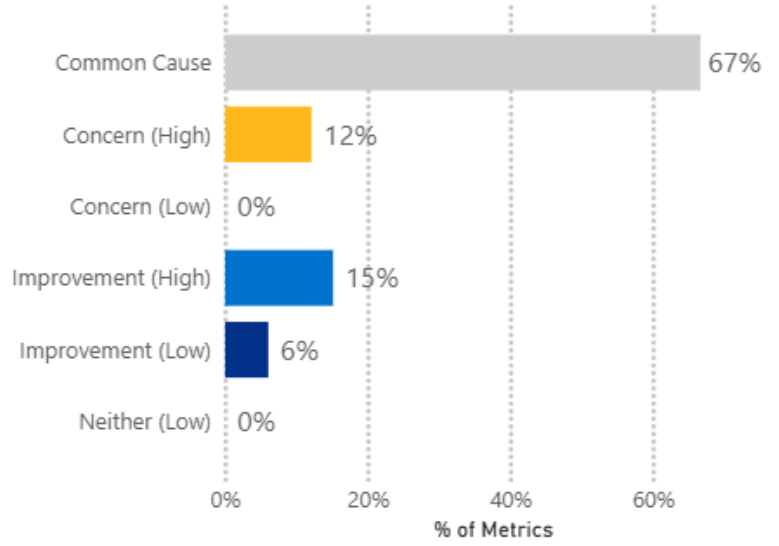
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement	Vacancy Rate %		Number of Staff WTE (Excl bank and agency) Annual Rolling Turnover Rate Statutory & Mandatory Training Rolling Year %	Sexual Safety Workshop Completion % Fundamentals Training Completion % Finance Establishment (WTE)
Common Cause		Turnover Rate % Count of Grievances Closed 999 Frontline Late Finishes/Over-Runs % % of Meal Breaks Taken Freedom to Speak up: Cases Opened in Month Count of Until it Stops Cases Suspension Closures	Sickness Absence % Appraisals Rolling Year % Individual Grievances Open Grievances Mean Case Length (Days) Until it Stops Average Case Length Number of Wellbeing Hub Referrals	% of Meal Breaks Outside of Window Freedom to Speak Up: Total Open Cases
Special Cause Concern		Active Suspensions Time to Hire - Individual Recruitment (Days)	Mean Suspension Duration (Days)	Average Late Finish/Over-Run Time

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

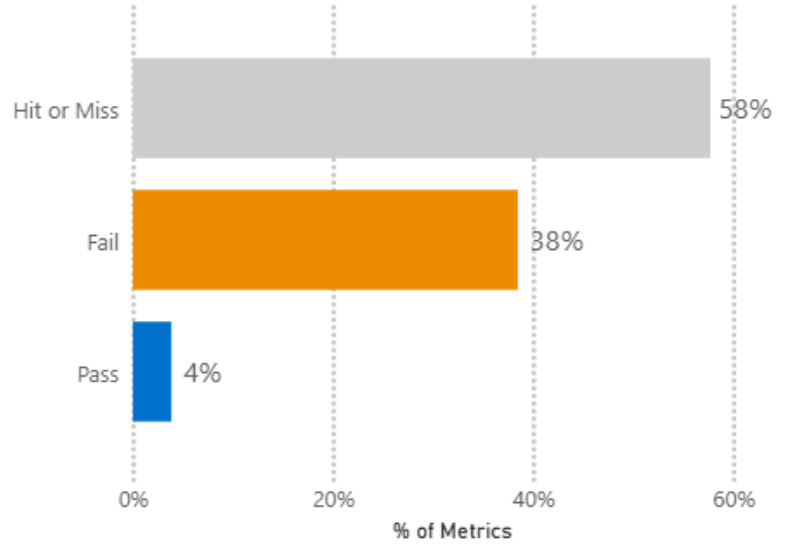
PEOPLE

Overview (1 of 2)

Variation Icon Summary



Assurance Icon Summary



Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	Feb-2025	4658.96	4579.26	4355.05	4452.59	4550.13		
Vacancy Rate %	People & Culture	Feb-2025	-1.7%	5%	0.06%	2.41%	4.75%		
Turnover Rate %	People & Culture	Feb-2025	1.1%	0.8%	0.51%	1.25%	1.99%		
Annual Rolling Turnover Rate	People & Culture	Feb-2025	15.1%	15%	16.11%	17.06%	18%		
Sickness Absence %	People & Culture	Feb-2025	6.7%	5%	5.49%	6.68%	7.88%		
DBS Compliance %	People & Culture	Feb-2025	100%	90%	85.67%	96.23%	106.78%		
Current licence details held for Operational Staff %	People & Culture	Feb-2025	98.5%	100%	97.17%	98.63%	100.08%		
Time to Hire - Volume (Days)	People & Culture	Feb-2025	203	60	49.34	151.16	252.98		
Time to Hire - Individual Recruitment (Days)	People & Culture	Feb-2025	119	60	39.52	77.05	114.59		

Employee Development

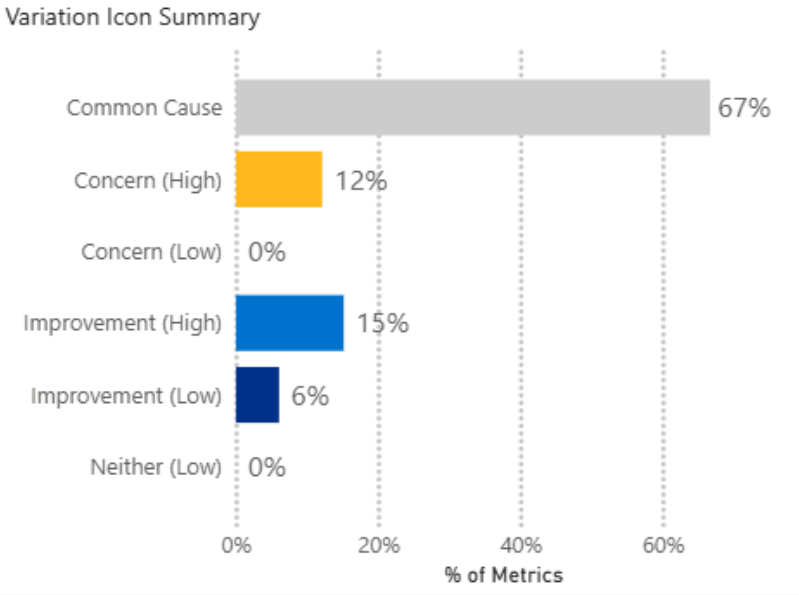
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Statutory & Mandatory Training Rolling Year %	People & Culture	Feb-2025	77.2%	85%	69.82%	75.71%	81.59%		
Appraisals Rolling Year %	People & Culture	Feb-2025	66.8%	85%	55.22%	61.42%	67.61%		

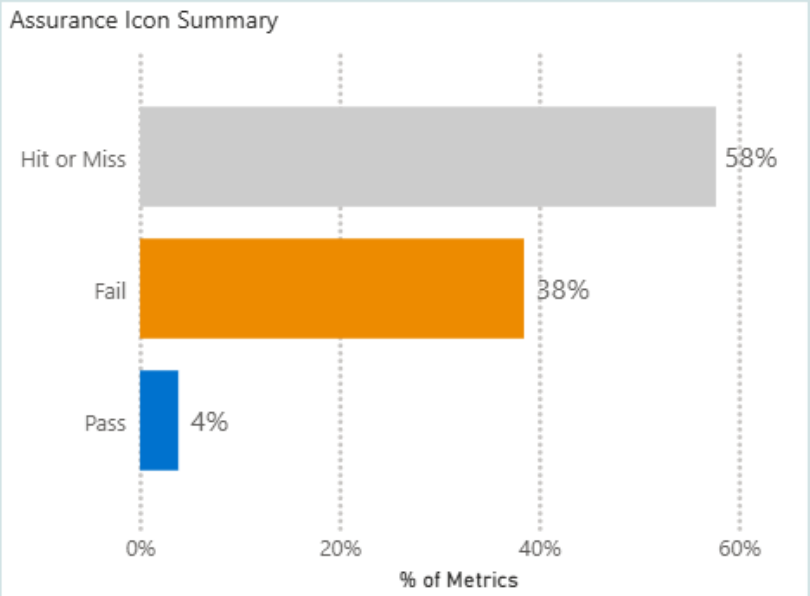
Employee Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Late Finishes/Over-Runs %	People & Culture	Feb-2025	45.7%	45%	39.46%	44.35%	49.24%		
Average Late Finish/Over-Run Time	People & Culture	Feb-2025	00:39:00		00:36:42	00:37:44	00:38:46		
% of Meal Breaks Taken	People & Culture	Feb-2025	98.3%	98%	97.41%	98.21%	99.01%		
% of Meal Breaks Outside of Window	People & Culture	Feb-2025	49.6%		-1204.25 %	321.39%	1847.04%		

PEOPLE

Overview (2 of 2)





Culture

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Individual Grievances Open	People & Culture	Feb-2025	14	5	6.05	15.21	24.37		
Collective Grievances Open	People & Culture	Feb-2025	2	1	-2.24	1.16	4.56		
Count of Grievances Closed	People & Culture	Feb-2025	26	3	1.11	14.26	27.42		
Grievances Mean Case Length (Days)	People & Culture	Feb-2025	154	93	96.02	142.48	188.95		
Bullying & Harrassment Internal	People & Culture	Feb-2025	1	2	-1.39	1.42	4.23		
Disciplinary Cases	People & Culture	Feb-2025	3	3	-0.62	9.58	19.78		
Freedom to Speak Up: Total Open Cases	People & Culture	Feb-2025	11		2.23	24.84	47.45		
Freedom to Speak up: Cases Opened in Month	People & Culture	Feb-2025	9	3	-6.95	9.89	26.74		
Freedom to Speak up: Cases Closed in Month	People & Culture	Feb-2025	2		-9.36	13.11	35.57		
Count of Until it Stops Cases	People & Culture	Feb-2025	1	3	-1.55	3.47	8.5		

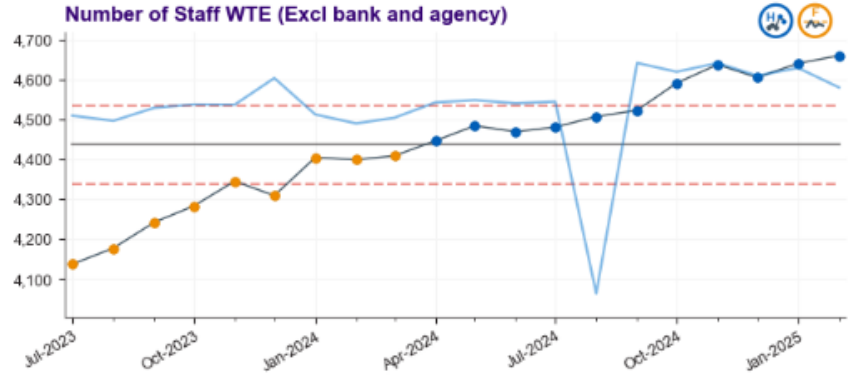
Health & Wellbeing

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	Feb-2025	139	86	92.9	130.61	168.32		

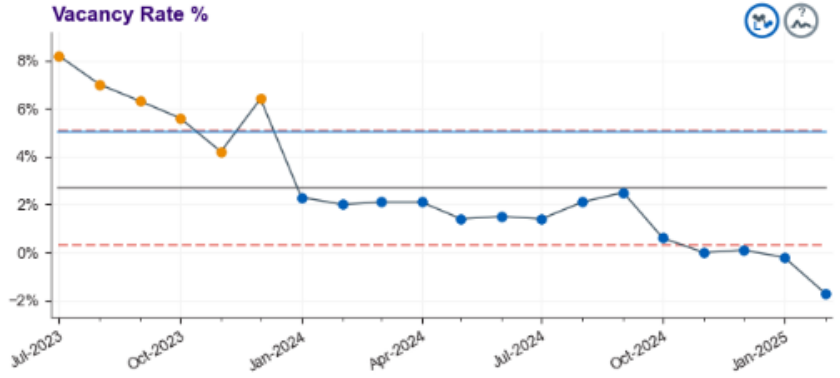
Please note: for the following metrics for January & February 2025 Individual Grievances Open, Count of Grievances Closed and Grievances Mean Case Length (Days). The data has been manually collated by the HR team and subsequently signed off by the executive. This means the data has been processed and validated externally to the BI team.

PEOPLE

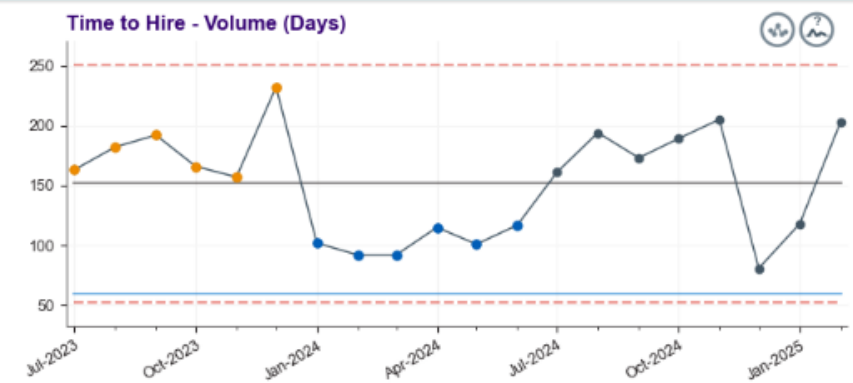
Workforce (1 of 3)



WF-1
Dept: Workforce HR
IP: People & Culture
Latest: 4658.96
Target: 4579.26
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



WF-4
Dept: Workforce HR
IP: People & Culture
Latest: -1.7%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



WF-43
Dept: Workforce HR
IP: People & Culture
Latest: 203
Target: 60
Common cause variation, no significant change. This process will not consistently hit or miss the target.

WF-51
Dept: Workforce HR
IP: People & Culture
Latest: 119
Target: 60
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

Summary
The vacancy rate reflects the ongoing work to recruit to the workforce plan. Over-establishment reflects timing of paramedic cohorts and recent recruitment campaigns. The workforce plan is now being reviewed as part of 25/26 planning and will be adjusted to ensure recruitment meets establishment.

Time to Hire (TTH) for volume recruitment is within common cause variation. TTH reporting is now available for both working and calendar days allowing us to benchmark more accurately against peers and review our current targets. Time to Hire (TTH) for individual recruitment has special cause variance. It is likely due to a high level of absence within the team during the reporting period, and is being monitored and expected to return to within controls.

The Vacancy rate has improved. Programs for improving retention continue.

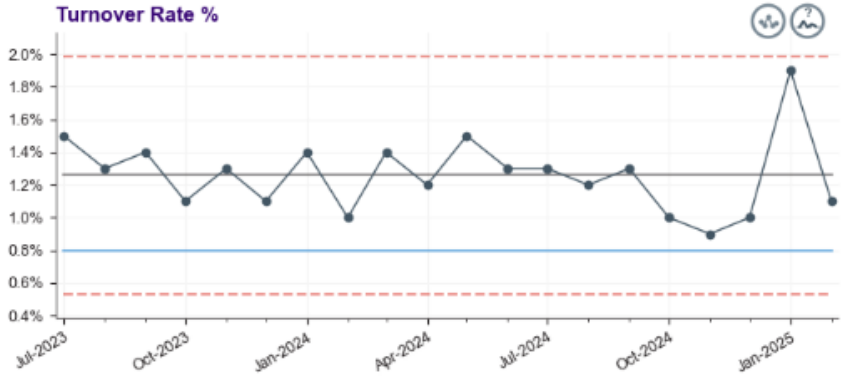
What actions are we taking?
We continue to support work on Workforce Planning for 2025/26 and aligning our recruitment activity to support delivery. This will include reviewing assumptions for the vacancy rate and turnover in line with the restructures and current socioeconomical climate.

A review of the five stages of recruitment is underway with a focus on the following to address time to hire:
Effective Shortlisting
Selection
Pre-Employment Checks

Further support to the teams is being provided following recent changes at senior level, and workplan development is now underway, as part of the Improvement Plan.

PEOPLE

Workforce (2 of 3)



WF-48

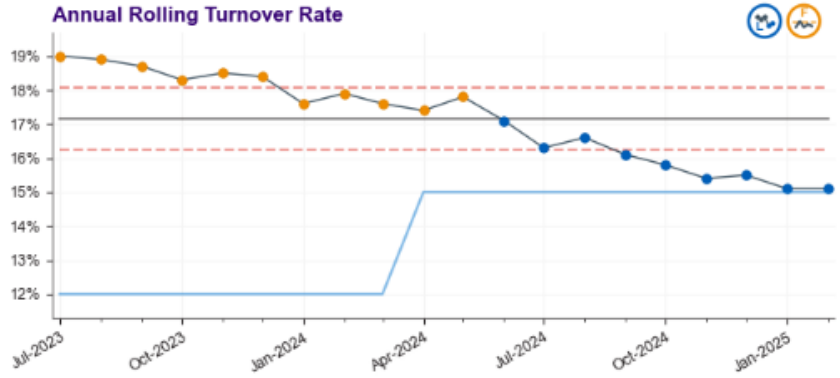
Dept: Workforce HR

IP: People & Culture

Latest: 1.1%

Target: 0.8%

Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-7

Dept: Workforce HR

IP: People & Culture

Latest: 15.1%

Target: 15%

Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary:

Annual turnover currently stands at 15.11% which is our best result since Jul 2023. Overall, turnover rate remains within controls, and the annual rolling rate has an improved position.

EOC has seen their retention initiatives reduce turnover to 38.76% from 58.51% for the same period last year. 111 has seen their retention initiative reduce turnover to 41.18% from 42.91% for the same period last year.

28 colleagues were accepted under the Trusts Mutually Agreeable Resignation Scheme. These will start to show in figures for January and February 2025.

Informal consultation has now started for Corporate Services, and whilst we do not expect this to destabilise the retention work to date, turnover rate may be impacted.

What actions are we taking?

The Trust continues to focus on leadership development and culture, both of which are having positive impacts on attrition.

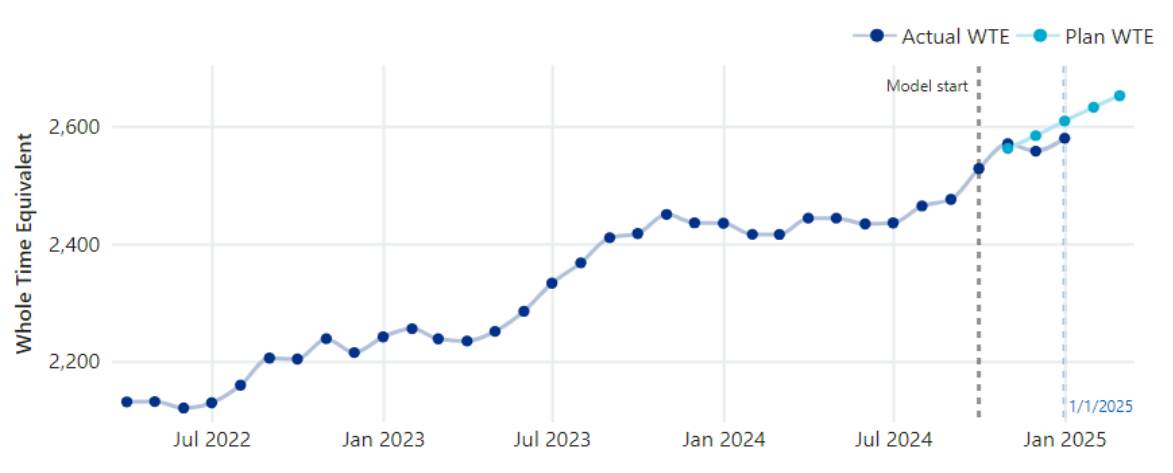
The Trust Strategy Tier 1 projects include activities that have an impact on recruitment and retention, such as the focus on reducing the grievances cases, a workstream within the Human Resources Improvement Plan, and the increase in clinical roles to support the Hubs and PACCS.

EOC/111 continue to have support from Quality Improvement as they measure and further develop their retention initiatives.

PEOPLE

Workforce (3 of 3)

(999 Frontline)

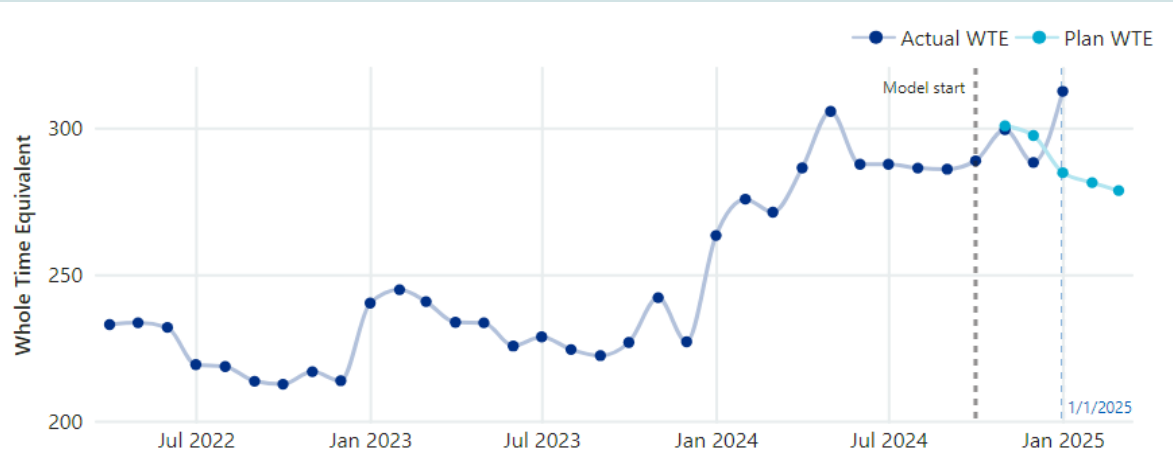


Summary – 999 Frontline
Total budget for field ops is 2407.9 for 2024/25. January's data shows a decrease in WTE against the workforce plan (-29.4WTE).
For Newly Qualified Paramedics Actual was 477.17 against Plan 509.51; this improved slightly when we compared against Paramedics (Actual 896.82 v Plan 884.66)
AAP/Tech Actual 865.73 v Plan 860.47; and ECSW Actual 339.94 v Plan 354.41.

Mitigating actions – 999 Frontline
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce while recruitment continues, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario.

Additional Information
Attrition for field operations is forecast at 9.2% in 24/25 which is a 0.5% reduction on the 23/24 plan. The Trust has also seen positive trends, with attrition rates in field operations consistently falling below plan in 23/24. However, if this trend continues it may result in further over establishment in some areas, creating a financial challenge in an already pressured year. The workforce plans will be revisited quarterly through 24/25, and recruitment plans will be adjusted accordingly if attrition does continue to reduce, in an attempt to correct the financial challenge this will create.

(EOC EMA)



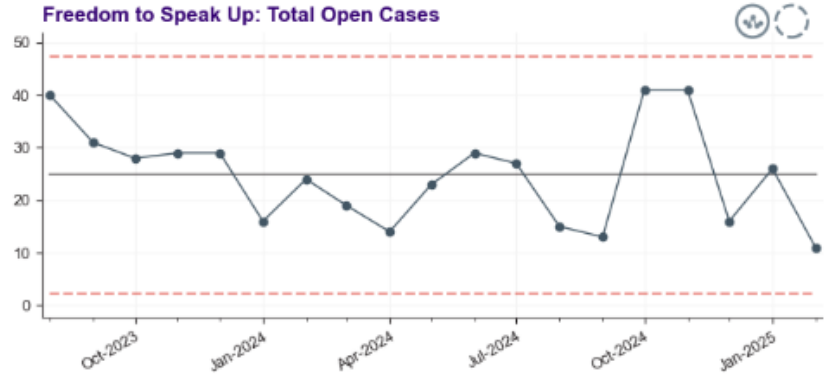
Summary – EOC EMA
EMA establishment is currently 8.9% over plan (Actual 312.5 v Plan 284.8) made up of EMA Actual 259.55 v Plan 235.44, and SEMA Actual 52.98 v 49.31 Plan.

Mitigating actions – EOC EMA
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce overall, while recruitment continues, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario.

Additional Information
Attrition is planned at 55.3% across 24/25, representing a 17% reduction on 23/24. However, it is worth noting that 23/24 also factored in an increase in attrition as a result of the Emergency Operations Centre move from Coxheath to Medway, which has now completed and no further attrition is expected as a result of this. Similarly to field operations, EMA attrition also fell below plan by 17%, a potential early indicator that we can expect attrition to fall below plan again for this year.

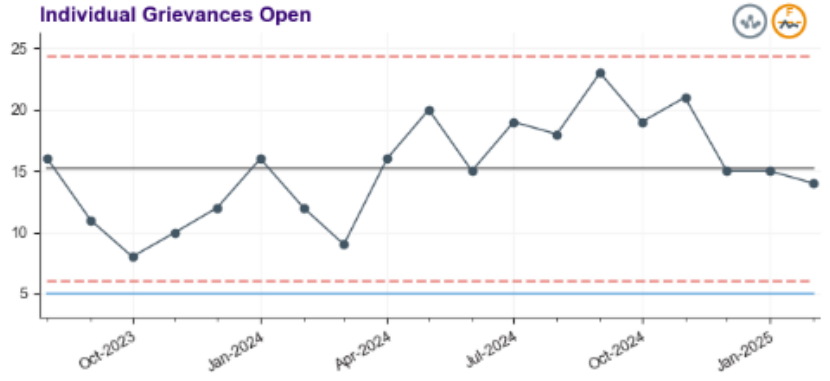
PEOPLE

Culture (1 of 2)

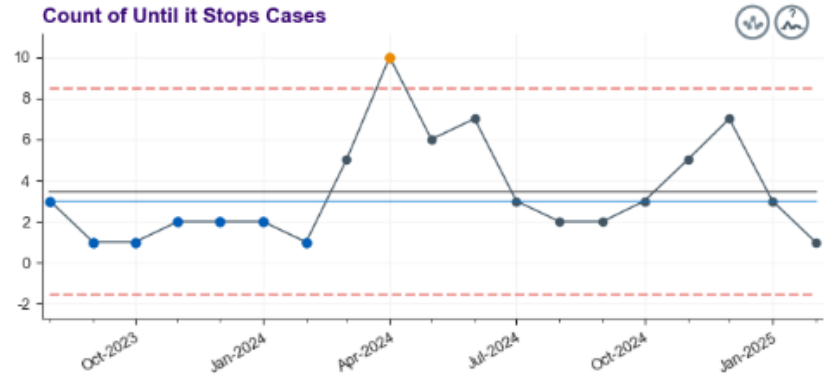


QS-27
Dept: Quality & Safety
IP: People & Culture
Latest: 11

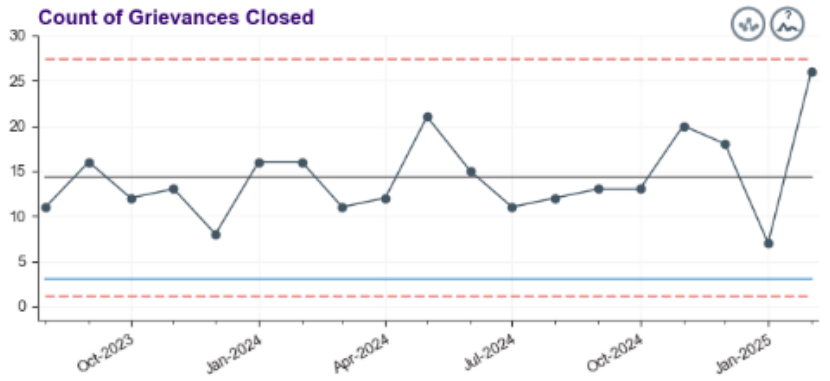
Common cause variation, no significant change.



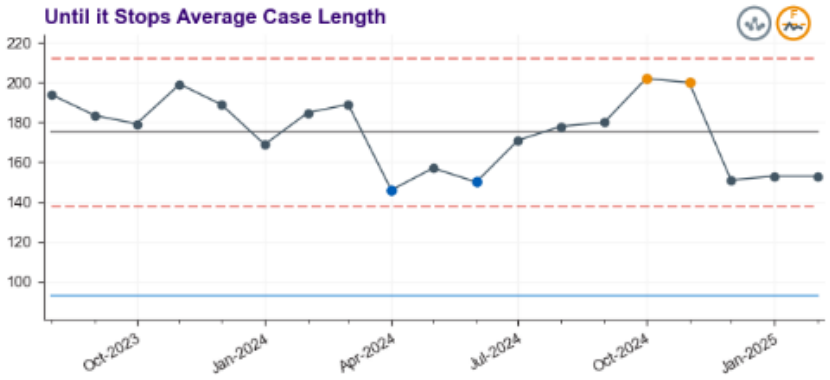
WF-10
Dept: Workforce HR
IP: People & Culture
Latest: 14
Target: 5
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



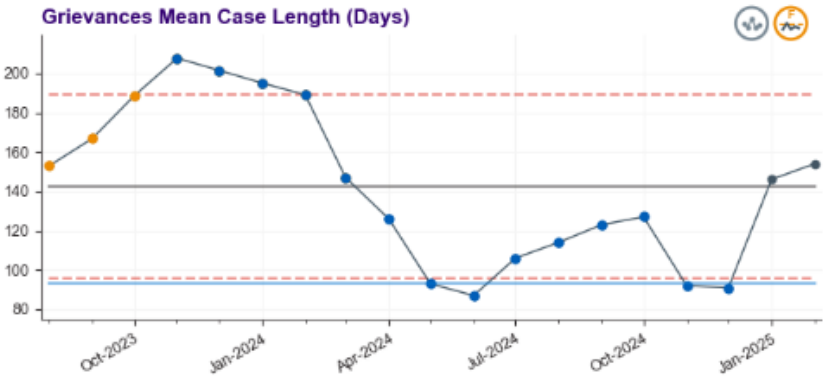
WF-41
Dept: Workforce HR
IP: People & Culture
Latest: 1
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-42
Dept: Workforce HR
IP: People & Culture
Latest: 26
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-50
Dept: Workforce HR
IP: People & Culture
Latest: 153
Target: 93
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-44
Dept: Workforce HR
IP: People & Culture
Latest: 154
Target: 93
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

PEOPLE

Culture (2 of 2)

Summary

Grievances

We have 71 active grievances as at end of February 2025, A 4% decrease from Jan.
Across the Trust 87% of grievances received in February were raised from Operations, with poor/ unfair treatment accounting for 43% and pay/ enhancements accounting for 25% of the concerns.

FTSU

During January and February 2025, 37 concerns were raised to the FTSU team, a slight decrease from previous months. Of these, 11% highlighted detriment from speaking up, while 22% were submitted anonymously.
System process concerns, covering formal HR procedures, with issues such as timescales, or perceived bias, accounted for 35% of cases. Worker safety and wellbeing also remained a predominant theme. Across the organisation, 54% of concerns were raised from Operations, with 32% specifically related to EOC.
The latest national SS responses showed further improvements in the Trust's Speak Up scores, reinforcing ongoing efforts to strengthen the speaking up culture.

Please note: for the following metrics for January & February 2025 Individual Grievances Open, Count of Grievances Closed and Grievances Mean Case Length (Days). The data has been manually collated by the HR team and subsequently signed off by the executive. This means the data has been processed and validated externally to the BI team.

What actions are we taking?

Grievances

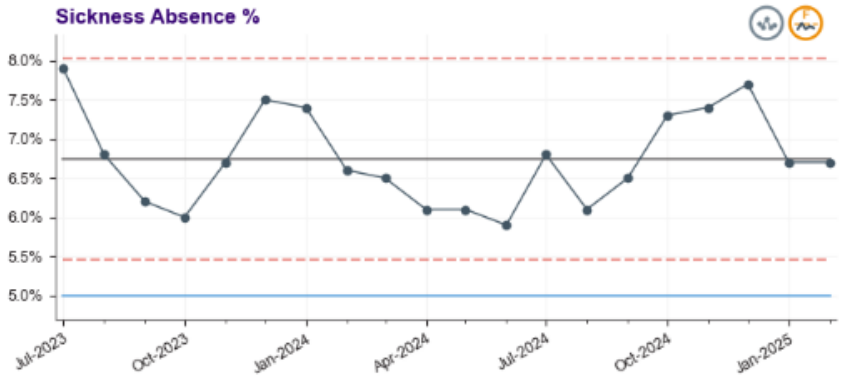
A Resolution Policy is pending JPF approval . This revised policy supports informal resolutions and further builds on alternative resolution support such as Mediation.
A Grievance Triage Panel was introduced in December, which has enabled a closer monitoring and triaging of new grievances to progress informal resolutions, referrals to alternative policies or early closure .
An MDT & Triage working party has been established and Grievance Culture and Employee Harm meeting initiated.
We have implemented monthly case review meetings, led by the Chief People Officer, to 'unblock' issues and monitor progress on case resolution
Increased capacity through external support to address the very complex cases, which will reduce the number of longstanding cases.
Thematic review of most recent cases, to understand any presenting trends to assess opportunities to address current concerns.

FTSU

The FTSU team continues to use this data, alongside other available insights, to work closely with local managers in encouraging and promoting a culture of speaking up. Targeted engagement will help encourage curiosity, help to address concerns locally and ensure staff feel heard and supported.
There have been recent staffing changes within the team, with a colleague now managing concerns for the East. Additionally, work is progressing on establishing a network of Speak Up Champions, which we aim to have in place during Quarter 1 of 2025/26. This initiative will further embed openness and accessibility across the Trust

PEOPLE

Employee Sickness



WF-49

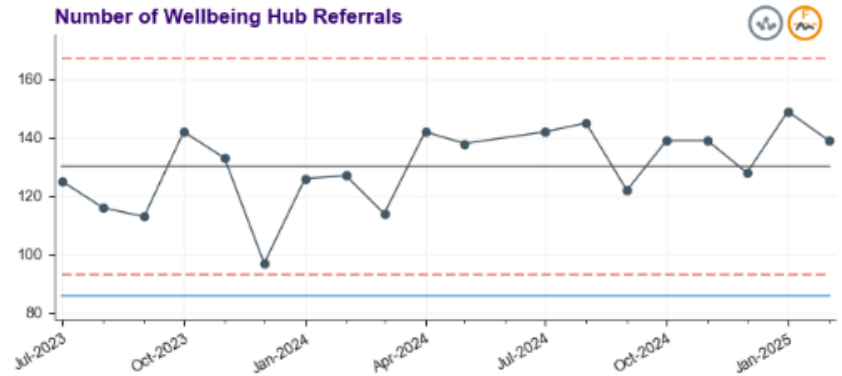
Dept: Workforce HR

IP: People & Culture

Latest: 6.7%

Target: 5%

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-25

Dept: Workforce Wellbeing

IP: People & Culture

Latest: 139

Target: 86

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

Employee sickness as measured by sickness absence and wellbeing referrals is within controls but remains above target.

Sickness is multi-factorial so further work has continued to understand the main causes of high levels of sickness, in order to create improvement projects.

What actions are we taking?

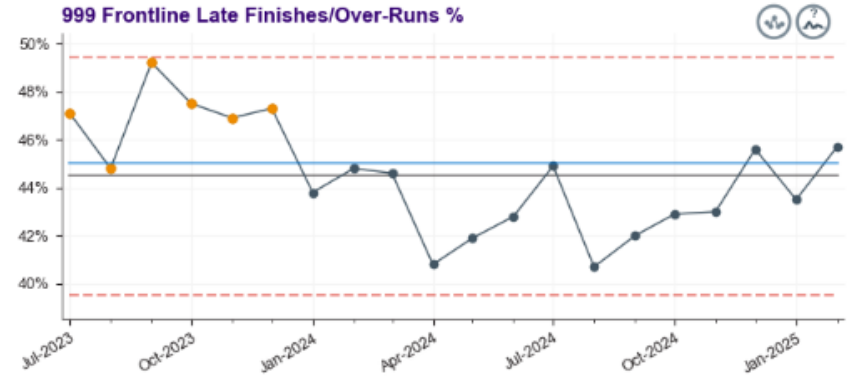
The work within the Human Resources Improvement Plan addressing the backlog of grievances and employee relations cases is progressing well. There is a direct link to the time taken to address cases and the harm this can cause to our people. We continue to target long standing cases which should positively impact a small number of sickness absence circumstances.

Further work has commenced under the lead of the new Head of Mental Health, to assess opportunities for targeted interventions and support to reduce the 2 top drivers of absence: stress/anxiety and MSK. This will include collaboration with regional partners and peers as this issue is not unique to SECAmb, and we are not an outlier for industry benchmarking.

We continue to work with the Sussex ICB to share best practice and initiatives on reducing sickness absence.

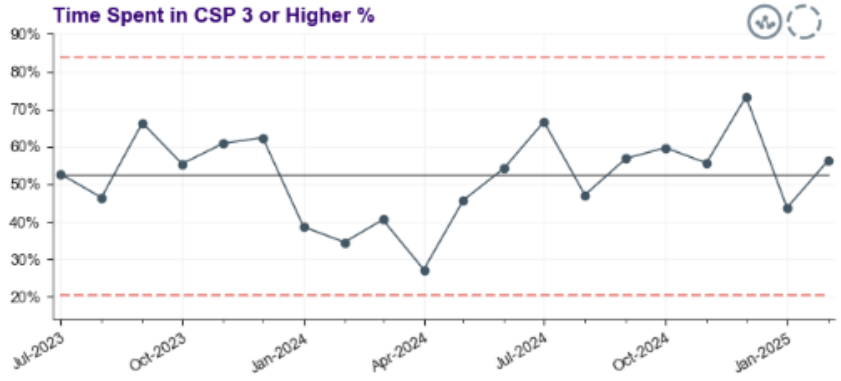
PEOPLE

Employee Experience



999-15

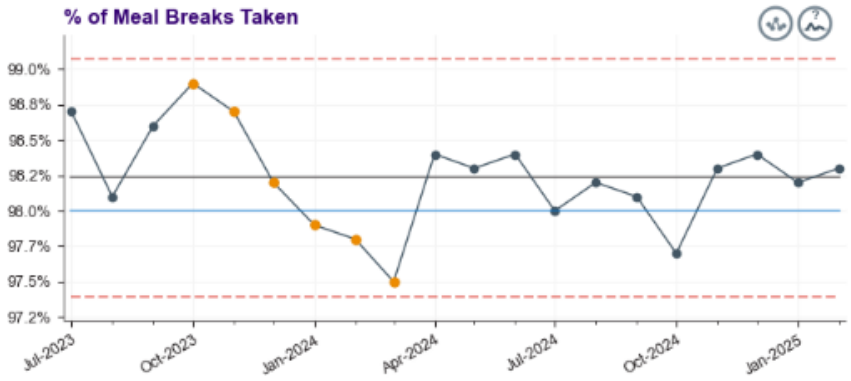
Dept: Operations 999
IP: People & Culture
Latest: 45.7%
Target: 45%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-14

Dept: Operations 999
IP: Quality Improvement
Latest: 56.2%

Common cause variation, no significant change.



999-27

Dept: Operations 999
IP: People & Culture
Latest: 98.3%
Target: 98%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

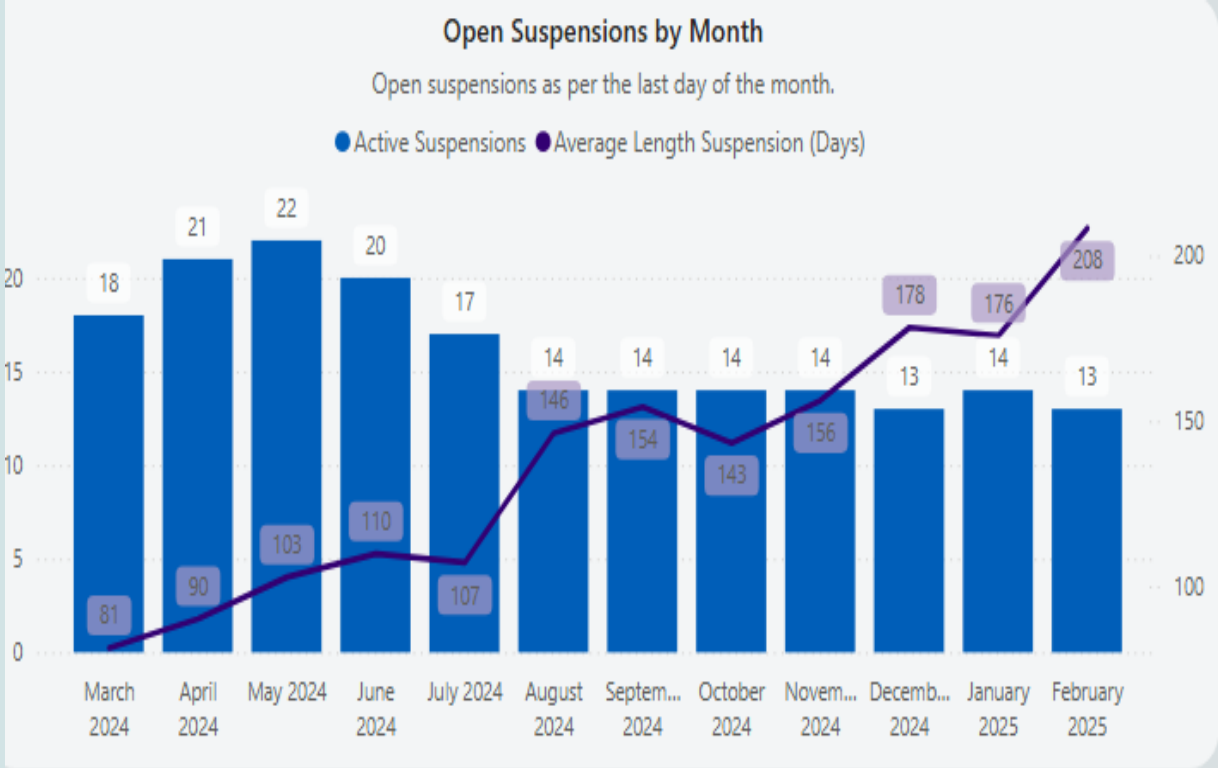
- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- While the late finishes and meal break metrics directly affect field operations, the time spent at higher levels of CSP significantly impacts EOC staff, especially dispatchers and clinicians managing response and flow.
- Despite increased focus – the trajectories and performance remain relatively unchanged.

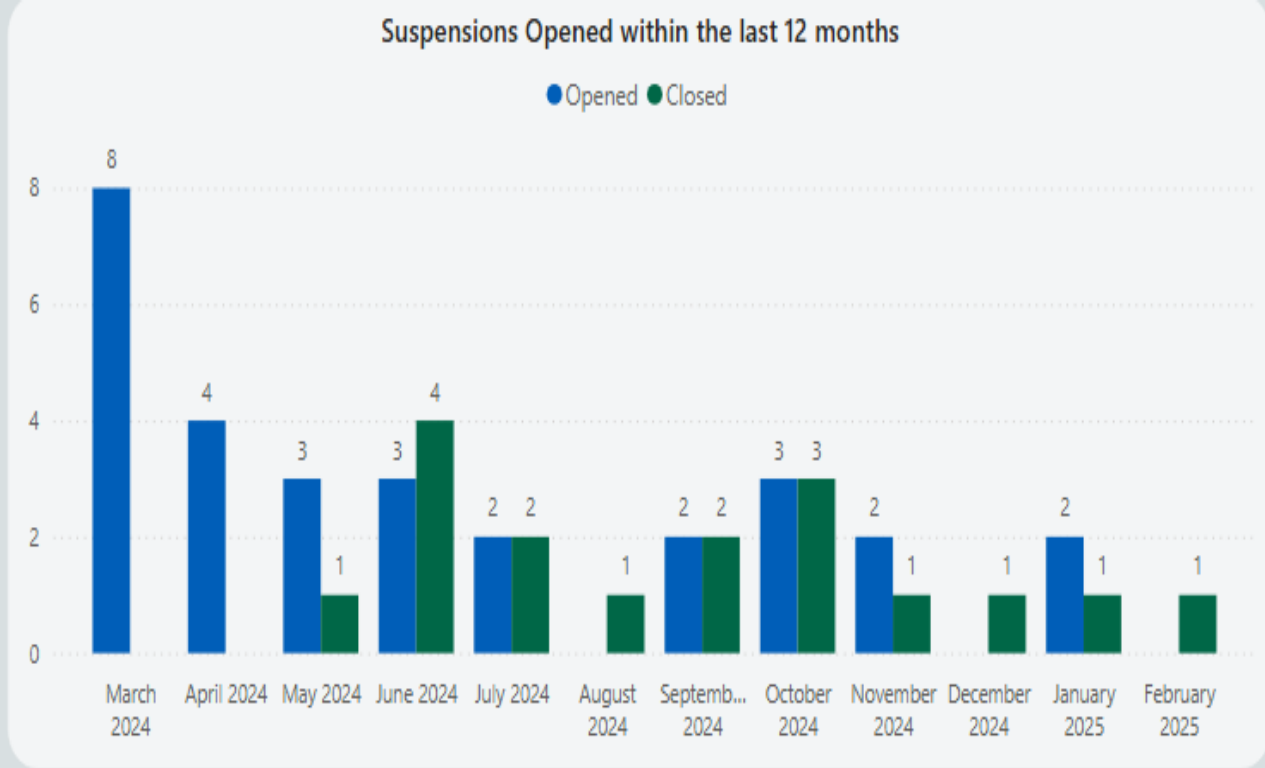
What actions are we taking?

- **Policy Reviews**: The meal break, end of shift and sign on procedures & restrictions are all being looked at within the Southern Alliance to identify best practice and find the optimum position between staff welfare and patient care – this has been delayed due to an identified tax issue although remains on the need to address within 25/26 workstreams.
- **Statutory Training, Appraisals and roll out of Clinical supervision**: these are high areas of focus within Operations that are seeing compliance improving and the 25/26 objectives and delivery plan are to deliver >90% compliance across all functions.

PEOPLE

Employee Suspensions





Summary

There are currently 13 active suspensions, 7 of which cannot be progressed at this time due to involvement of external agencies. This small number of cases are where delays can be significant, and this impacts the mean suspension duration as a result.

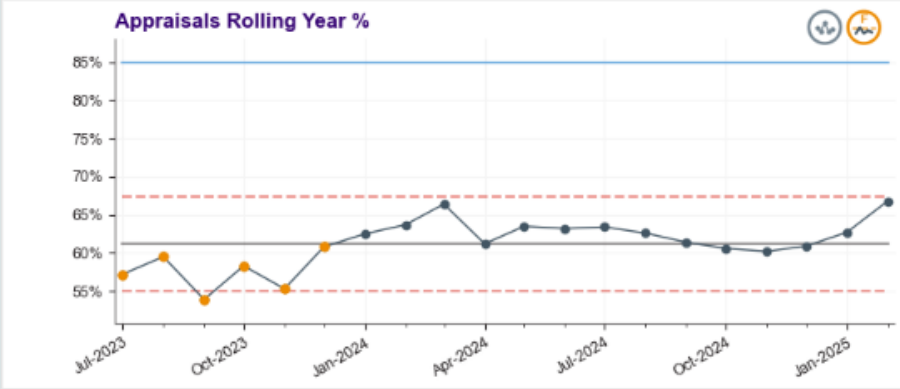
What actions are we taking?

Full risk assessments are completed before any suspensions are authorised. Weekly reviews take place to ensure that individual cases are continually monitored. A further review is undertaken every fortnight, which involves two Executive Directors, to provide appropriate checks and challenge, as well as ensuring cases are progressing take place.

Please note: For the following metrics Employee Suspensions, the data has been manually collated by the HR team and subsequently signed off by the executive. This means the data has been processed and validated externally to the BI team.

PEOPLE

Employee Development



WF-40
Dept: Workforce HR
IP: People & Culture
Latest: 66.8%
Target: 85%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary
Statutory & Mandatory training and Appraisals continue to under-perform against the Trust's target of 85% but has an improving nature against target.

As of December 2024, the rolling overall compliance rate for Core Skills Training Framework (CSTF) statutory training stands at 80.63%, reflecting a slight decrease from last month's 81.18%. This marks the first time this year that we have not seen a continued upward trajectory since the start of Q1.

The decline is primarily due to a number of training modules becoming non-compliant during February and March. Despite this, the Trust remains committed to achieving 85% compliance across all CSTF statutory training requirements.

Ongoing efforts are in place to support staff in maintaining and improving compliance levels.

Recorded appraisal rates have remained relatively stable, fluctuating between 60% and 65%. However, throughout February, we have seen a positive increase, with completion rates rising to 67.24%.

It is apparent that completed appraisals are under-reported. Some appraisals are being completed on paper and recorded on local 'scorecards', as opposed to through the formal ESR Appraisal system, therefore they are not reflected in the 'official' reported completion data. The current process is not capable of meeting the Trust's compliance rate

What actions are we taking?

Statutory and mandatory training

- We are now in a situation of implementing tangible actions on CSTF subjects, to ensure modules are appropriate, and aligned with the needs of the relevant staff groups and with national partners. We will plan to update on the effectiveness and quality of the e-learning module and key skills classroom delivery by Q2.
- Discussions continue to take place to scope the most appropriate learning management platform to undertake all Statutory and Mandatory training.
- ETDG is receiving monthly progress reports on the issues and mitigations in improving the CSTF compliancy percentage. When appropriate any "issues" that have been identified and cannot be mitigated are being reported into the risk assurance group, with the next review in April.
- Corporate colleague currently show the lowest completion rate of the CSTF. A communication strategy is currently under design for February – April with the intention to increase % align with the start of Q1.

Appraisals

The L&D team will undertake further inquiry within the Operations Directorate to understand local processes being used to record appraisals with the aim of identifying a solution to eliminate the disparity between completed appraisals and reported completed appraisals.

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	16-25

Name of meeting	Trust Board
Date	30 April 2025
Name of paper	People Committee Assurance Report – 15 April 2025
Author	Max Puller Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 15 April 2025 and is set out in the following way:

- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Assure**: where the committee is assured
- **Advise**: items for the Board's information

ALERT

Organisational Model

One of the strategic priorities in the BAF, the Organisational Operating Model programme integrates the previous Corporate Restructure and Divisional Operating Model programmes into a unified strategic framework. The committee reinforced the significant organisational development support needed, which is being put in place. It also challenged the executive to ensure clarity on how outcomes will be measured, as the detailed plan is finalised.

NHSE Education Quality Review

The committee noted that while there are a number of areas of concern to address the review also included some positive feedback about learner experiences

There are aspects of this related to sexual safety and the committee will be reviewing at the next meeting our progress in this area against the Charter the Board signed up to.

The improvement plan has clear milestones which the committee will track. It has encouraged the executive to ensure clarity of the impact of the interventions listed in the plan. Currently there are some gaps such as

our approach with practice educators, and how we build relations with our partners. More assurance will be needed through the plan.

HART/SORT Cultural Issues
At its meeting in December, in the context of EPRR Assurance, the Board discussed the plan outlined by the Chief Operating Officer (COO) to address the cultural issues in the HART/SORT teams. The committee followed this up to seek additional assurance. There have been concerns raised through various routes regarding the culture within specialist operations and these have been the subject of previous investigations and improvement plans. Further issues were raised through FTSU and other routes at the end of 2024, and this prompted a rapid review in January 2025 to understand the issues in more detail and to support recommendations around specific concerns as well as accelerating improvement more generally. As a result, a formal (externally-led) investigation into a specific set of concerns is currently under way within the HART team, commissioned by the COO. From this a comprehensive and enhanced improvement plan will be established, building on work to date. Notwithstanding the complexities, the committee has expressed a clear desire for pace and will seek ongoing assurance related to the impact of delivery, once the plan is in place.

ASSURE

People Plan
The committee is assured that the majority of the objectives from the 2024-25 plan have been achieved; those that were not fully achieved included:

• Improve casework data accuracy to 95% compliance, due to delay with the BI dashboard development.

• 10 x trained staff as “ER Training facilitators”: only three have been trained, due to lack of take up. The executive is exploring how to make these roles more appealing and clearer in people’s job descriptions.

The committee supports the new priorities for 2025-26, which align with the original diagnostic. The integration of the operating model will continue to be monitored under the programme and the ER programme will continue, with a focus on enhancing processes

There was a good discussion about how it feels for people; are colleagues noticing a difference. There is some anecdotal evidence that confidence is growing in relation to the support they are receiving. Best described as ‘green shoots’. One of the areas of early success is Mediation, where referrals are being resolved on average within 21 days.

Staff Survey
There was a really good response rate, which was an increase compared to last year, at a time where many of our peers’ response rate declined. We have performed above the sector average in every one of the nine themed areas and were the top scoring ambulance Trust for ‘Morale’. We have seen statistically significant improvements in every theme area compared to 2023.

The committee however noted the work still to do to compare more favourably with other parts of NHS, acknowledging the ambulance sector as a whole has some of the lowest scores. It explored the balance between being realistic with being even more aspirational, perhaps looking outside of NHS for new ideas.

Internal Review of Health & Safety Management

This was a really helpful review, which has demonstrated that H&S is largely viewed positively with good awareness of reporting mechanisms. However, areas of further improvement include training and managers being clearer on their responsibilities. The safety culture maturity assessment concluded level 3 of 5. The improvement plan being developed aims to achieve level 5, over time. The committee will review this plan at its meeting in May. Overall, the committee has a reasonable level of assurance with our H&S compliance.

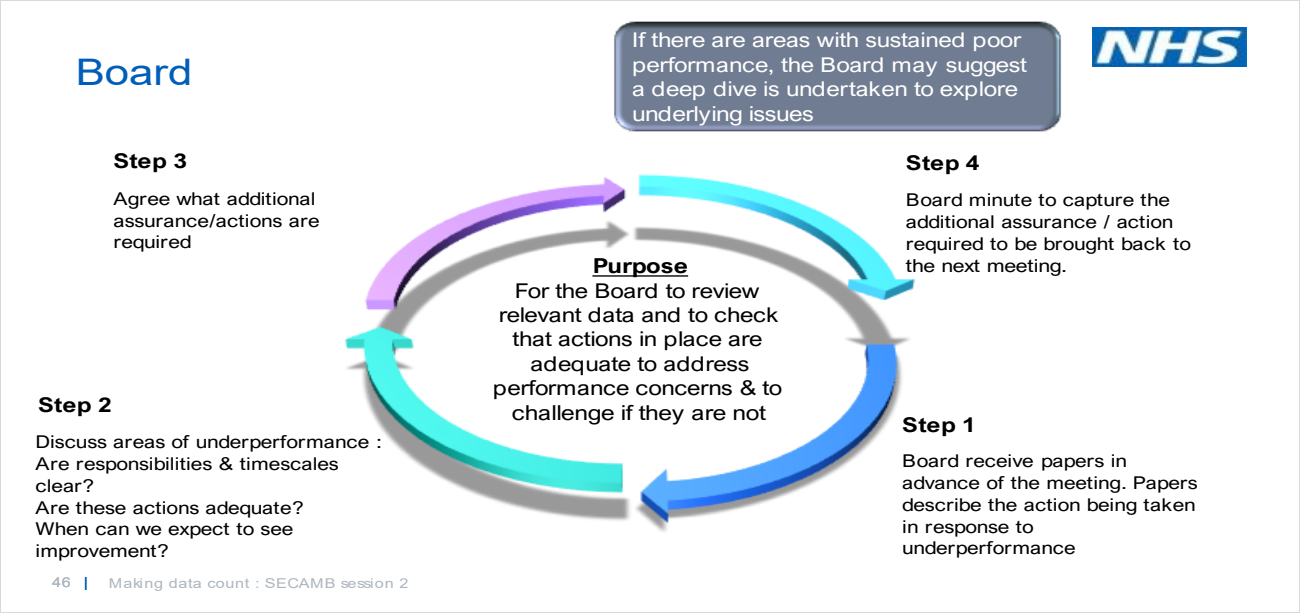
ADVISE

Engagement Framework

The framework sets out the different ways we engage our people and the committee is supportive of this framework and assured with the positive journey we are on in engaging better with our people. This is demonstrated by a number of factors including the feedback from the staff survey and plan to introduce a Shadow Board.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



	Agenda No	17-25

Name of meeting	Trust Board of Directors
Date	30th April 2025
Name of paper	NHSE WTE Education Quality Intervention Report
Author name and role	Jaqualine Lindridge, Chief Paramedic Officer

Introduction

This report provides an overview and update to the Board in relation to a recent education quality review undertaken by NHS England – final report is here: NHS England » Education quality review: South East Coast Ambulance Service NHS Foundation Trust

Background

NHS England Workforce, Training and Education (WTE) education quality team completed a review of education at the Trust in the Summer 2024 and published their report in the following December. This report included several recommendations which are outlined below. The review was in response to a national review of paramedic learners undertaken in 2022 and consisted of a series of focus groups in which the voice of 277 learners were heard.

Although much of the feedback from learners was positive, the review learned that some learners had poor experiences with supervision, limited access to practice educators and learning opportunities and found some clinicians misunderstood their scope of practice.

The review also learned that some learners had experienced poor and unprofessional behaviours from clinical staff. Following publication of this report, an action plan was prepared to ensure structured improvement and resolution of the concerns raised.

A further review in the form of a Senior Leadership Conversation (SLC) was subsequently arranged to follow up on these recommendations and some ongoing concerns which had been reported by learners. The Trust was aware of these concerns, was taking action to address them and had self-reported them to NHSE WTE.

Improvement plan

The responding action plan is structured as an improvement plan which incorporates longer term actions intended to improve the quality of our placement provision and education function, as well as to respond to the seven recommendations contained within the report:

1. SECAmb to undertake evaluation of new rostering system for learners with feedback obtained from learners. We recommend SECAmb undertake biannual reviews of the oversight and coordination of paramedic student placements, informed by student experience.
2. Clarification and documentation of scope of practice for learners at different stages of their programme for quick reference and clarity for

practice educators to assist learners' attainment of learning objectives during both ambulance and interprofessional placements.

3. Students situated in the back of the ambulance on calls should be updated on route by the most appropriate method to enable learners to feel prepared for what they may encounter and to promote the psychological safety of learners on placement.
4. Consider a tripartite partnership approach (SECAmb, HEIs and NHSE WT&E) when investigating/responding to concerns raised by learners, to better assure learners regarding impartiality and increase learners' trust in this process.
5. SECAmb to promote learners' awareness of the Sexual Safety Charter explicitly as a part of clinical induction for year one learners and at half day refresher for years two and three. Learners to be informed of any changes SECAmb have/ will implement as a result of signing the charter.
6. SECAmb to commit to implementing Safe Learning Environment Charter in their clinical learning environments as a tool to drive quality improvement.
7. SECAmb to work in partnership with universities to ensure regular and anonymous student feedback is sought, obtained and reviewed to inform effective placement experiences for learners.

The improvement plan translates these recommendations into specific and timebound actions, with delivery aligned to the academic year timetable.

The plan is currently on track with good progress being made.

Senior Leadership Conversation

Representatives from NHSE WTE Quality Team joined the Trust for the Senior Leadership Conversation at our Haywards Heath education centre on the 28th February 2025. At the meeting, a presentation was shared with delegates which outlined our progress to date in responding to the concerns raised about the quality of placement provision, and our action plan was discussed in detail. The SECAmb panel, which included representatives from the Trust Executive, Clinical Education Department, Human Resources and Operations, then responded to specific questions and enquiries from the visiting team.

No Immediate Mandatory Requirements[1] (IMRs) were issued by the NHSE WTE team at the time of the meeting and a draft report containing any further requirements is due to be received in April 2025.

Conclusion

This report is submitted to provide assurance to the Board on our response to the education quality review. The Board is asked to note and discuss the contents of the report, and to provide its support in progressing our education improvement plans.

[1] Actions which require a response within 5 days and which are notifiable to regulators such as CQC and HCPC

South East Coast Ambulance Service
NHS Foundation Trust

Item No	18-25

Name of meeting	Trust Board
Date	30.04.2025
Name of paper	**NHS Staff Survey 2024 – results and next steps**
Executive sponsor	Janine Compton, Director of Communications & Engagement
Author name and role	Janine Compton, Director of Communications & Engagement

In March 2025, the results of the 2024 NHS Staff Survey, carried out during October/November 2024, were published nationally for all NHS Trusts in England.

We were very pleased that our results showed significant improvements in every area compared to the previous year; they also compared favourably with the ambulance sector average.

The paper includes the dual approach we are taking to using the results to drive improvements – at a corporate level as well as at a local level – as we build towards the 2025 NHS Staff Survey period, taking place later this year.

Recommendations, decisions or actions sought	For Information

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NHS Staff Survey 2024

Update for Trust Board

April 2025

NHS Staff Survey (NSS) 2024

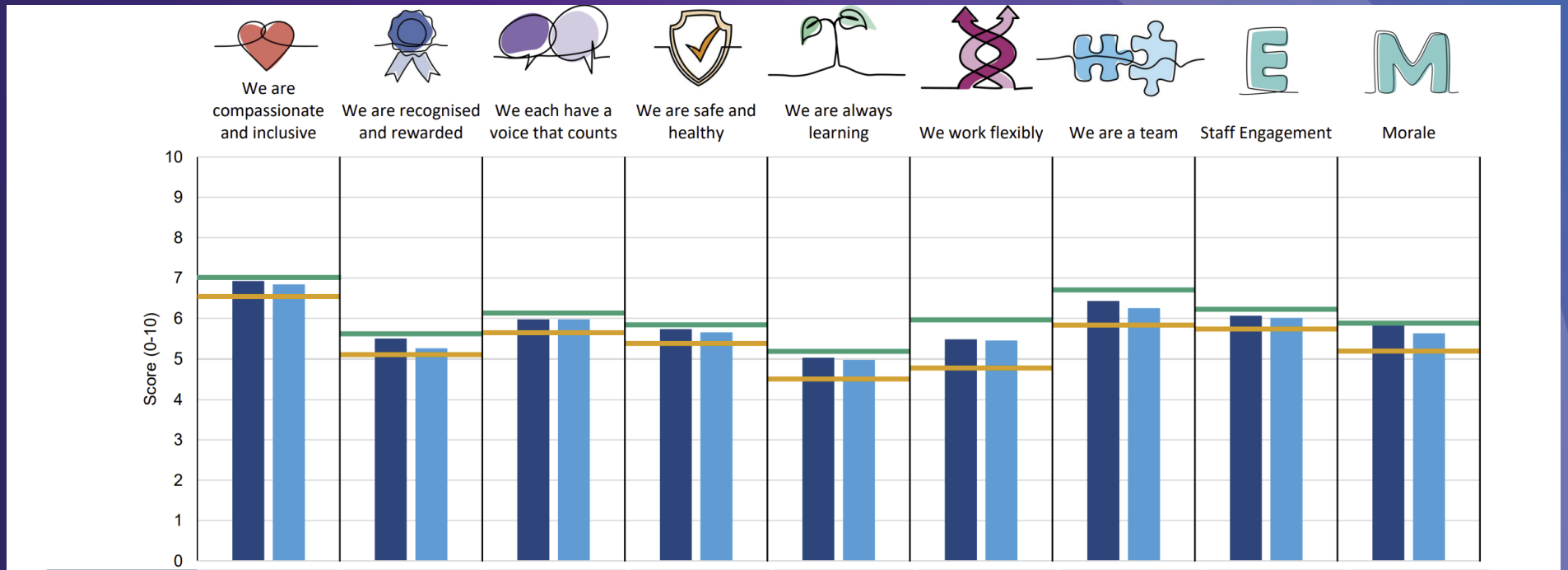
- On 13 March 2025, the NSS results were published nationally for all NHS Trusts and the embargo on sharing the results was lifted
- The results included:
  - How our scores compared to our 2023 NSS scores
  - How our scores compared to the average scores of the 11 ambulance trusts in England
  - How our response rate compared to the average response rate of the 11 ambulance trusts in England
- Following this, we have shared our results with all of our people and externally via our website and social media and with our partners

Key headlines – response rate

- Our response rate (67%) was the best ever for the Trust, meaning we heard from 3,268 of our people
- We also compared well to the ambulance sector average (49%)
- We were pleased that we saw a strong response from operational areas, with every area exceeding 50% and over 90% of operational areas exceeding 60%
- The improvement in our response rate also compares favourably to the sector average, which has declined overall compared to 2023

Key headlines – People Promise theme scores

- We performed above the sector average in every one of the nine theme areas and were the top scoring ambulance Trust for ‘Morale’
- We have seen statistically significant improvements in every theme area compared to 2023



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	6.92	5.50	5.98	5.73	5.02	5.48	6.43	6.06	5.88
Best result	7.01	5.62	6.13	5.84	5.18	5.96	6.70	6.22	5.88
Average result	6.84	5.25	5.98	5.65	4.98	5.45	6.25	6.01	5.63
Worst result	6.54	5.10	5.64	5.38	4.51	4.78	5.83	5.73	5.19
Responses	3262	3264	3244	3256	3018	3244	3252	3266	3265

Key headlines

- **Care of patients is my organisation's top priority**:
  - Up 5% compared to 2023; up 10% since 2021
- **I would recommend my organisation as a place to work**:
  - Up 6% compared to 2023
- **I feel safe to speak up about anything that concerns me**:
  - Up 6% compared to 2023 – better than the ambulance sector which saw a 2% deterioration
- **In the last year, how many times have you been the subject of unwanted sexual behaviour from staff**:
  - Important area of focus for SECAmb and for ambulance sector
  - We saw an improvement of 1% compared to 2023
  - Results poor for whole sector, although SECAmb had the best score

Key headlines – Areas for focus

- **On what grounds have you experienced discrimination – ethnicity**:
  - Deterioration of 5% compared to 2023
  - Results vary significantly by area with notable hotspots
- **On what grounds have you experienced discrimination - gender**:
  - Deterioration of 3% compared to 2023
  - Results show significant variation by area
- **Staff experiencing physical violence from patients/service users:**
  - Deterioration of 3% compared to 2023
  - An important sector-wide issue

Using our NHS Staff Survey 2024 data

- We saw our best ever response rate to the 2024 NHS Staff Survey, hearing from more of our people than ever before!
- However, unless we are explicit with the organisation on what the results were and how we are using them to drive improvements, it is unlikely that we will be able to sustain good response rates moving forward
- We also risk the credibility of our overall engagement approach if we don't show our people that we have listened to their feedback
- For the first time, we are taking a parallel approach to using the survey data to drive improvements and highlight good practice – at local and corporate levels

Dual approach to using the data

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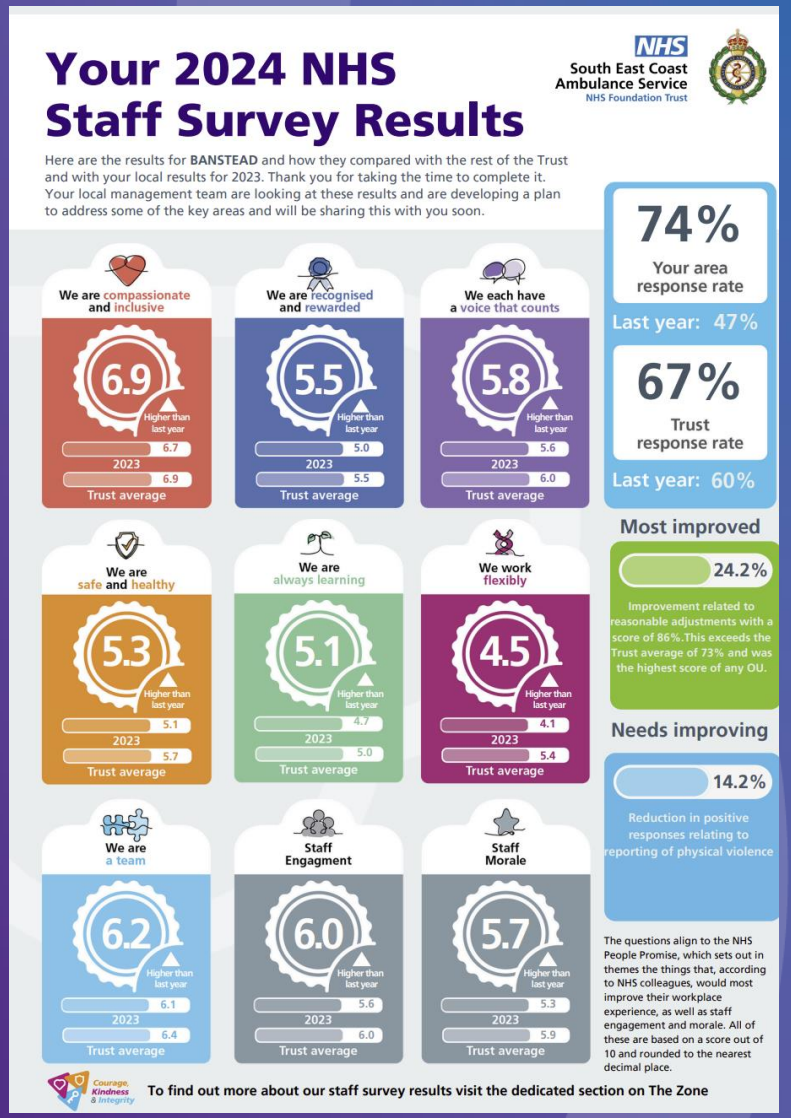
Local

- Briefing packs provided to local leaders containing their bespoke data, graphics, access to dashboard for further analysis
- Responsibility of local leaders to share their own results with their teams AND
- Engage their teams in identifying areas for focus AND
- Publicise these, the approach to address and progress to their people on an on-going basis
- Support available – HR, OD, Comms – as needed to support local managers
- Updates required from managers – June & September 2025 – on their progress
- All building towards the NHS Staff Survey 2025 period – October/November 2025



Dual approach to using the data

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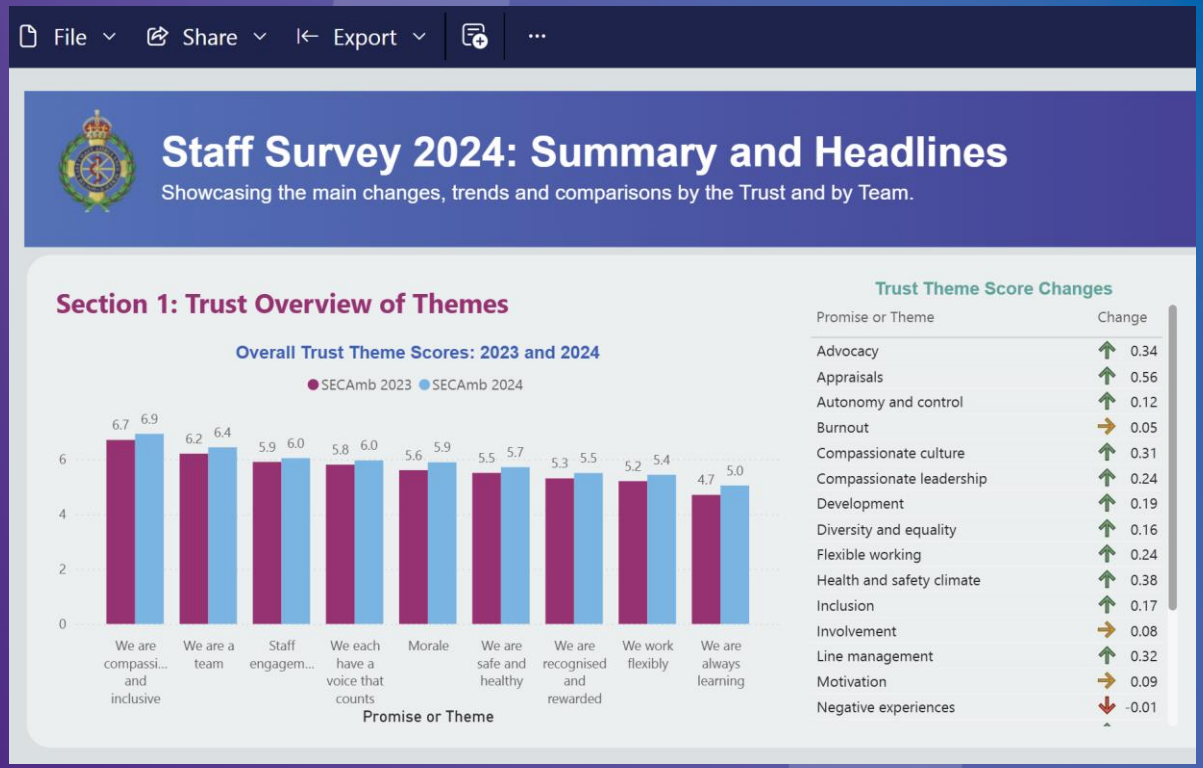
Corporate

- A conscious move away from ‘sheep dip’ approach and choosing ‘pan Trust’ themes to focus on
  - but mindful of areas where we have deteriorated as a Trust
- Triangulation of Staff Survey results with FTSU and ER data to identify hot spots and agree management approach to supporting these areas – Exec led
  - Support to Include HR, OD, Learning, Comms, as needed
  - Important to recognise and share areas of good practice as well as hot spots
- Thematic analysis of free text comments
- Utilise data to update WRES and WDES and support development of EDI Plan
- Share Trust-wide results and approach being taken to using results with all colleagues and make dashboard available to all staff for transparency
- Use July 2025 Pulse Survey to check progress of local plans



Next steps

- April 2025 - Triangulation of ‘hot spots’ and agreement on actions required
- June 2025 – First ‘check in’ with local managers as to progress being made regarding their local results
- July 2025 – Pulse Check – utilise addition of bespoke questions as needed
- September 2025 – Second ‘check in’ with local managers as to progress being made regarding their local results
- September 2025 – Build up to response phrase comms underway
- October/November 2025 – NHS Staff Survey period

South East Coast Ambulance Service
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Item No	19-25

Name of meeting	Trust Board
Date	30.04.2025
Name of paper	**'Hearing different voices' – a Shadow Board for SECAmb**
Executive sponsor	Janine Compton, Director of Communications & Engagement
Author name and role	Janine Compton, Director of Communications & Engagement

In June 2025, we will hold the first meeting of our new Shadow Board, a key part of our integrated Engagement Framework.

The new Shadow Board Hear will help us to bridge generational and hierarchical gaps within the organisation, provide a new direct link between strategic and delivery/Board and floor and add richness to board-level discussions/decisions by bringing a wider and different organisational perspective.

We are partnering with an external provider – Inspiring Leaders Network – who will support us in delivering the programme.

We were pleased to see an excellent response from our people in applying to join the Shadow Board and look forward to working with them to ensure we are truly able to hear different voices through this initiative.

Recommendations, decisions or actions sought	For information

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A Shadow Board for SECAmb

Hearing different voices

April 2025

What is a Shadow Board?

- A Shadow Board is a group of staff representing a cross section across the organisation, who can offer insight, feedback and ideas to senior decision-makers. They promote innovation, creativity, and alternative ways of thinking
- They meet regularly, in line with Trust Board meeting schedules, using the same agenda
- A Shadow Board is not a formal decision-making body, nor does it have a role in negotiating with the Trust on issues such as terms and conditions.
- It is also not a ‘staff forum’ as its remit is more structured and far broader than straightforward engagement
- In SECamb, the Shadow Board is not intended to duplicate or impinge on the role of either the Council of Governors' or the Joint Partnership Forum and should be seen to work in harmony with both

Why are we introducing this in SECAmb?

South East Coast Ambulance Service NHS Foundation Trust

- We believe that introducing a Shadow Board in SECAmb will bring real benefits as part of our broader Engagement Framework, enabling us to:
  - Hear different voices and bridge generational and hierarchical gaps within the organisation
  - Provide a new direct link between strategic and delivery/Board and floor
  - Add richness to board-level discussions/decisions by bringing a wider and different organisational perspective
  - Prepare colleagues for future leadership roles
  - Develop actionable recommendations on the Trust's strategy and priorities
- Membership of the Shadow Board will also provide an opportunity for members to develop their skills, increase their profile and help to shape the Trust for the future
- We are partnering with an external provider – Inspiring Leaders Network (ILN) – to support us with the Shadow Board

Part of our Integrated Engagement Framework

Big Conversation

NEW Shadow Board

NHS Staff Survey

Pulse Survey

Local engagement

Staff networks

Connect with the Chief

Leadership Visits
& Executive Roadshows

Our Engagement Framework provides:

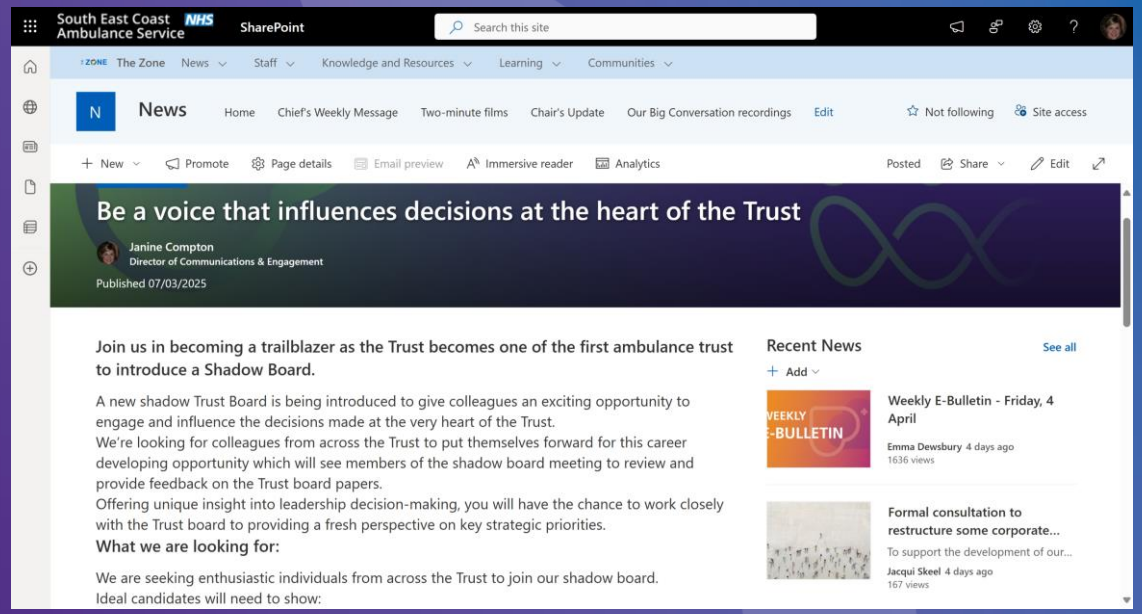
- Opportunities for staff across the Trust to get involved as much or as little as they wish
- A variety of ways to get involved, reflecting colleagues' different preferences
- Authentic assurance that the engagement is meaningful and not a tick box exercise

Who are members of our Shadow Board?

- Our Shadow Board will consist of 15/16 members
- Colleagues are provided with abstracted time to attend Shadow Board meetings, training modules and action learning sets
- Between 7 March and 6 April 2025 we ran an application process, open to the whole Trust
- A key criteria for selecting members was to ensure diversity in its broadest form and that there is a good mix of genders, ethnicities, career stages, ages and roles within the membership.
- Applications were not permitted from colleagues who already hold a role that provides an opportunity/dedicated time to feedback their views e.g. Staff Governors, trade union representatives, Staff Network Chairs, SMG members
- Key qualities required of participants included:
  - A commitment to improve
  - An interest in leadership and strategy
  - Problem-solving and communication skills
  - Open-mindedness and willingness to learn

Application process

- We were delighted to receive 62 applications in total when the application window closed
- All applications were considered by a Selection Panel and assessed on the grounds of:
  - Strength of application
  - Manager feedback
  - Geography
  - Corporate/operational
  - Protected characteristics (where known)
- All applicants have now been informed of the outcome of the process



How will it work?

South East Coast Ambulance Service NHS Foundation Trust

- The Shadow Board will mirror the Trust Board schedule and meet bi-monthly, immediately prior (one or two days) before the Trust Board meeting. This will enable feedback from the Shadow Board to be fed into the following Trust Board meeting.
- The Shadow Board will be co-chaired by two of our NEDs – Max Puller and Karen Norman – and the Exec lead will be our Deputy CEO, Margaret Dalziel; the programme also includes 'hot spot' sessions with different Execs during each module
- Our Shadow Board programme is being supported by our partner, ILN, who are providing a series of learning modules to ensure Shadow Board members are able to make the most of the programme
- The Shadow Board will consider 3 or 4 of the same papers during their meeting that will subsequently be considered by the Trust Board
- At each meeting, they will also consider a 'hot topic' i.e. a key theme arising from the Staff Survey, from a Big Conversation etc.
- Feedback will be given at the subsequent Board meeting by the NED Chair although over time, we will move to feedback being given by a Shadow Board member, as they feel comfortable to do so
- The feedback loop will then be completed at the next Shadow Board, with an update from the preceding Trust Board meeting

Timetable for Phase 1

28th April 2025	Briefing session/Meet and Greet
28th May 2025	Module 1
4th June 2025	SB1
5th June 2025	1st Trust Board Meeting
6th June 2025	ALS
18th July 2025	Module 2
6th August 2025	SB2
7th August 2025	2nd Trust Board Meeting
8th August 2025	ALS
17th September 2025	Module 3
30th September 2025	SB3
2nd October 2025	3rd Trust Board Meeting
3rd October 2025	ALS
20th Novemember 2025	Module 4
3rd December 2025	SB4
4th December 2025	4th Trust Board Meeting
5th December 2025	ALS
11th December 2025	End of Programme celebration

Feedback and review

- At the end of Phase 1 (December 2025), we will undertake a review of how the Shadow Board has operated, including:
  - Identifying issues/topics where we can clearly identify the contribution the Shadow Board has made
  - Feedback from Shadow Board members
  - Feedback from Trust Board members
- This will enable us to refine and develop the Programme as we move forwards, including opportunities where the Shadow Board will be able to add value to our decision-making processes

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Board Assurance Framework

2025/2026

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We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

1	Tier 1
2	Tier 2
QI	QI
	Directorate objective

2024 2029 Strategy Outcomes

- Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- Increase utilisation of alternatives to ED - 12 to 31%
- Reduce conveyance to ED - 54 to 39%
- Saving 150-200k bed days per year
- Reduce direct scope 1 CO2e emissions by 50%

2025/26 Strategic Transformation Plan

- Advance **South-East Ambulance Transformation Programme** through 1
  - Progress functional priority areas (SCAS / SASC)
  - Develop Business Case (SCAS)
  - Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework** to support strategy delivery and sustainability, including break-even trajectory.
- Progress delivery of our **digital enablement** plans, presenting a detailed plan to the Board at the end of Q1

2025/26 Outcomes

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase UCR acceptance rate to 60-80%
- Reduce Vehicle off Road Rate – 11-12%
- Achieve over 90% Compliance for Make Ready

2025/26 Operating Plan

- Deliver **Financial Plan**
  - Meet CIP Plan of £23m (Efficiencies - £10m; Clinical productivity – eq. £10.5m)
- Deliver **strategic estates review** (inc. Trust HQ refurbishment - 111/999 Contact Centre & Corporate Floor) 2
- Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2 with clear milestones in place
- Complete **support services review**, including Make Ready model and vehicle provision 2
- Monitor **system-led productivity** schemes, improving alternatives to ED and reducing hospital handovers.

Compliance

- Heath & Safety
- Vehicle & Driver Safety / Driving Standards
- Data Security / Cyber Assurance Framework

BAF Risks

- **System Collaboration:** There is a risk that, due to leadership capacity, the Trust does drive collaboration, resulting in reduced strategic delivery.
- **Sustainable Financial Plan:** There is a risk that, due to significant sector uncertainty and challenging productivity plans (see separate risks), we do not deliver our financial plan for 2025/26.
- **Cyber Resilience:** There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.
- **Digital Capacity, Capability & Investment:** There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery.
- **System Productivity**: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved.

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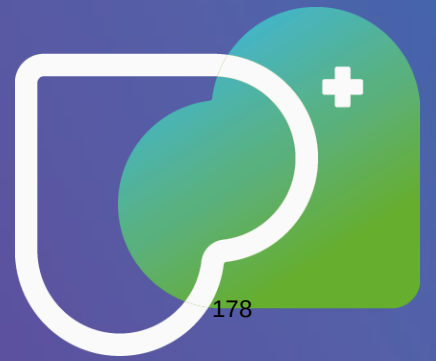
Appendices



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Tier 1 End of Year 24/25 Summaries

Tier 1 End Year 24/25 Summary

High Level Programme Summary (as of 31/03/2025)

South East Coast Ambulance Service NHS Foundation Trust

Digital Enablement

Programmes key achievements and Impact

- **Nov 24 -** EMB approved the Digital Enablement Programme Mandate 13/11/24, which included the progress of the Digital Services 24_25 Workplan against the original plan presented to EMB and the Trust Board in April 2024. EMB received a further update 27/11/24 on progress and an impact assessment of projects in the 24_25 Workplan are hold/ overdue / at risk .
- **Dec 24** - Established Digital Strategy Steering Group (DSSG) who approved the approach to a jointly agreed Digital Prioritised Programme of Work (PPoW). Digital Work planning workshops completed (Key Drivers): External Review & Reports, Digital & Data Strategy, 24_25 Workplan: Start, Stop, Carry on, Trust Strategy & Corporate Programme Tier 1.
- **Jan 25** - The final 2 Digital Work planning workshops completed (Key Drivers) to review National / Mandated Requirements and to draw together outputs to start drafting 25-26 Workplan. Digital Delivery governance implemented (including internal meetings). Digital Demand Management Process commenced.
- **Feb 25** - EMB conducted a check-and-challenge session to gain clarity on the status of the FY24/25 Digital work plan. The session was well received and it was agreed that EMB would receive further progress updates and assurances before the April Trust Board meeting. PMO Framework established including a Project Closure Process with Digital PMO (& Corporate PMO as required) undertaking quality assurance checks.
- **March 25** - EMB conducted a second check-and-challenge session. EMB accepted the status of the remaining projects from the 24_25 Workplan and received assurances on the emerging plans for 25_26 and provided feedback, which is being actioned to include specific benefits to the 25_26 plans.

Outstanding milestones moving into FY 25/26 and rationale for why?

- Mobile Data Vehicle Solutions (MDVS): The timeline for delivery is led by the Ambulance Radion Programme (ARP) and their 3rd party contractors which is a 12-month implementation project.
- Screencloud – GRS Integration - The original timelines for Screencloud Integration have since been revised as the scope of the project has been adjusted to be delivered in phases which include a pilot.
- CCTV replacement - has been impacted by a number of issues that are being worked through with concerns raised within Digital governance at this stage about meeting the May due date. In the meantime, the Trust continues to have CCTV provision.
- ITSM Solution: Delivery includes gaining approval to an investment case which is under development for 25_26 .The current solution will continue to support the Trust.
- Following the publication of the Digital and Data Strategy Oct 24, 3 projects (HSCN resilience, Crawley Internet and WAN Enhancements) have been merged into one cohesive programme of work.
- National Care Records Service (NCRS): The project scope, governance and delivery have been reviewed and rescheduled to enable a strategic approach which is clinically led.
- IT Hub Website - is built, however as this is not a critical requirement, it is agreed to move this into consideration for the 25_26 plan.

Any milestones moving into BAU and rationale for why?

- The following projects from the 24_25 Workplan have been agreed with EMB Check & Challenge to be reclassified as BAU.
    - The response to the ACCE External IT Review is now being reported with Digital PMO and BDO for June 2026 Audit Committee.
    - ePCR developments was originally presented as a project. However, its on-going nature that is clinically led, has allowed digital services to manage this work as BAU lifecycle and governance.

Additional comments

- The Digital Services FY 24/25 Workplan, comprising 42 projects, was presented to the EMB and the Trust Board in April 2024. The Strategy also references the fact there were over 170 live projects in delivery in 24_25
- Work progressed throughout 24_25, however, the publication of the Digital and Data strategy in October 2024 and the approval of the Digital Enablement Programme Mandate by EMB in Nov 24, provided the opportunity to realign ongoing projects with the Digital roadmap.
- The aim of the Digital Enablement programme is to deliver the Digital and Data Strategy 24_26 and be a key enabler to deliver the Trust Strategy. The vision of the Digital and Data Strategy is for the Trust to have a programme of work that is clinically led, digitally enabled in collaboration with operational and corporate teams and the Digital Enablement Programme will deliver a digitally secure and safe environment .The Programmes of Work have been validated against the Lord Darzi 10 Year Forward View, Sept 2024, with a key focus on the ethos of “analogue to digital”.
- Delivery of the 24_25 Workplan summary:
    - April 24 – Nov 24 (Pre Enablement Programme): 10 of 42 projects delivered
    - Nov 24 –March 25 (part of the Digital Enablement Programme deliverables): a further **15 projects were delivered**, (including all national mandated projects enabling the Trust to achieve national compliance and standards. Additionally, the delivery of the BAU projects has provided the operational services with robust digital solutions to support the Trust’s key functions). 2 projects remain in delivery for 24_25 (to address outage remediation works) and 7 moved into 25_26 plans.
- Development of the 25_26 Workplan:
    - 4 Project Requests have been approved via the Demand Management process since February 2025
    - Further project requests being developed via the Demand Management process, aligned with delivery of the Digital and Data Strategy and enablement of the Trust Strategy

Tier 1 End Year 24/25 Summary

South East Coast Ambulance Service NHS Foundation Trust

High Level Programme Summary (as of 31/03/2025)

Collaborations and Partnerships

Programmes key achievements and Impact

July – September 2024
- Carnall Farrar report issued. Review into UEC and Ambulance across the were, conducted by on behalf of NHS England (NHSE) South East (SE) Region. With feasibility analysis of provider recommendations commencing and reporting into the NHSE SEAT programme.
- In parallel the Trusts jointly commenced internal evaluations of the Carnall Farrar report recommendations and looked to identify additional collaboration opportunities across functional areas.

October - November 2024
- First Executive to Executive meeting held to review Carnall Farrar report recommendations and progress of feasibility analysis.
- Second Executive to Executive meeting held; Executive pairings presented work on functional collaboration opportunities.
- First Board to Board meeting held where the Carnell Farrar commissioned report was formally presented by Commissioners and accepted by the individual Boards.
  Discussion and feedback on the Statement of Intent with the agreement to progress:
    - Commitment to collaborate for the benefit of our patients.
    - The focus over the next 6-12 months to develop a case for change and joint roadmap to form a group.
    - The secondment of a Joint Strategic Lead to work across both organisations to develop the case for change and roadmap.
    - The need to work in parallel to commissioners as they review the ambulance commissioning framework.
    - The agreement to develop a MOU to cover the agreed by the Boards.

  Executive pairings presented their potential functional collaboration opportunities.

December 2024 - January 2025
- MoU jointly created, internal and external stakeholder feedback obtained.
- Key functional collaboration areas identified: Driver Risk Framework, Resilience & Specialist Operations, Operational Leadership structures & models, Quality Improvement, Occupational Health and Payroll provision.
- Case for change planning commenced.

February 2025
- MoU signed off by both Trust Boards.
- Joint Strategic Lead role commenced.
- Phase 1: Discovery phase commenced

March- April 2025
- Governance framework established and Terms of Reference created for the Joint Strategic Collaborative Committee (JSCC).
- Joint Exec-to-Exec and Board-to-Board sessions scheduled for the year ahead.
- JSCC first meeting held: End of Discovery phase report presented, approval of phased approach and Case for Change framework.
- Strategic Commissioner meeting held with COO's & CFO's
- Phase 2: Case for Change commenced

Outstanding milestones moving into FY 25/26 and rationale for why?

- None

Any milestones moving into BAU and rationale for why?

- None

Additional comments

- Phase 1: Discovery phase: (11 February - 1 April 2025)
    - Comprehensive stakeholder engagement across both organisations.
    - Analysis of strategic alignment and operational variations.
    - Assessment of external context and policy landscape.
    - Identification of key case for change workstreams.

- Phase 2: Case for Change: (1 April - 28 May 2025)
    - Development of strategic case for collaboration.
    - Definition of benefits and opportunities.
    - Articulation of proposed future models.
    - Preparation for key decisions at May Board to Board meeting.

Nexus House Re-design

Programme Overview

This programme has been setup to create two distinct changes – **Phase 1** will see the creation of an Integrated 111 & 999 Contact Centre that supports productivity, efficiency and sustainability and promotes strong wellbeing facilities and **Phase 2** that sees an HQ redesign that reflects Trust values, offers flexible, sustainable, and inclusive spaces and promotes wellbeing and engagement for all colleagues.

Scope of the Programme

- **Phase 1 (Initial Design & Feedback)**: Collect staff feedback, identify Trust values, and develop design mockups. Hold collaborative workshops with employees to finalize the look and feel.
- **Phase 2 (Space Planning & Technology Setup)**: Design the layout, secure necessary technology, and prepare workspaces for the 999 and 111 integration and corporate renovation.
- **Phase 3 (Construction & Setup)**: Renovate and repurpose existing spaces, purchase new/repurposed furniture, and implement sustainable design elements. Install IT infrastructure and video conferencing systems.
- **Phase 4 (Transition & Staff Onboarding)**: Smoothly transition staff into the newly designed space, provide necessary training, and gather feedback for final adjustments.

Nexus House Re-design

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Key Milestones

Apr 25 – June 25

- ✓ Issue JCT Tender
- ✓ Completion of Evaluation & Tender Award

Jul 25 – Sept 25

- ✓ Stage 4 design phase for awarded contractor
- ✓ Commencement of Phase 1 (111/999) construction works

Oct 25 – Dec 25

- ✓ Commencement of Phase 2 (Corporate) construction works

Jan – March 26

- ✓ Evaluation & Review period

Key Outcomes

- ✓ **Staff Feedback Integration**: Create an ongoing feedback loop where staff can contribute ideas on the environment, working conditions, and space usage. This ensures that the design reflects the needs and preferences of the people it serves. **Trust Values Alignment**: Design the space to reflect the Trust's core values, ensuring the environment fosters respect, inclusivity, and a sense of belonging for all staff members.
- ✓ **Functional Space for Joint 999 & 111 Contact Centre;** Develop a layout that maximizes efficiency, with clear zoning for specific functions, acoustic barriers for privacy of staff working in the contact centre environment for wellbeing and associated management. Plan the physical layout and tech setup to enable a smooth integration of both 999 and 111 contact centre operations. Design flexible spaces that can be quickly adjusted based on operational needs. **Cross-Functional Collaboration**: Create spaces that encourage interaction between both teams, breaking down silos. **Technology Integration**: Ensure the environment supports seamless IT infrastructure, with fast, reliable networks.
- ✓ **Improving Staff Experience: Diverse Meeting Rooms and Breakout Areas**: Include a mix of open-plan meeting spaces, smaller rooms for one-on-one conversations, and flexible pods for brief discussions. These spaces should be designed to accommodate various working styles, whether it's collaborative teamwork or private, focused sessions. **Comfortable Breakout Areas**: Create inviting, comfortable lounge areas where employees can take breaks, relax, or engage in informal collaboration. Include seating options that encourage different ways of working, such as lounges, individual seating, or standing desks.
- ✓ **Sustainability and Cost Efficiency**: **Repurposed Furniture**: Integrate repurposed furniture into the design to reduce costs and environmental impact. **Flexible Spaces**: Design spaces that can evolve as needs change, such as modular furniture. This ensures the workspace can quickly adapt to shifting priorities and personnel requirements without major reconfiguration or high costs. **Energy Efficiency**: Choose energy-efficient lighting that support the sustainability goal. Encourage staff to use these resources wisely by incorporating design elements like natural light and stand-alone temperature control with meeting pods.

Make Ready Services

Programme Overview

The current service model and contract are **not delivering maximum value for money** and productivity for the Trust through a significant resource **and capability gap impacting directly on operational delivery**. The current service specification is not well understood nor a true representation of the Trust's validated requirements for the service. This has led to ineffective contract management through unenforceable metrics and mis-aligned expectations. **A fully quantifiable service model review is required** to ensure a comprehensive revised and tested service specification for full tender requirements.

Indictive Outcomes

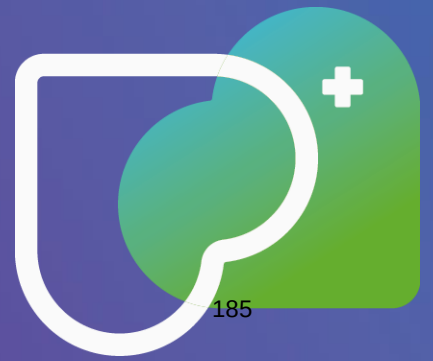
- ✓ Completed **quantified options** appraisal to select the Trust's preferred model for make ready service delivery
- ✓ **Revised and tested service specification** to align to preferred service model
- ✓ Greater Trust **ownership** of make ready productivity as a critical operational enabler
- ✓ **Improved integration** of make ready and wider operational delivery e.g. shift scheduling as a foundation for increased capability maturity and development

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – April 2025

Reporting Period: January & February 2025



Icon Descriptions

	P	?	F	
H	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER.** This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER.** Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly **HIGHER.** The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER.** Assurance cannot be given as a target has not been provided.
L	Special cause of a concerning nature where the measure is significantly **LOWER.** This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER.** This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER.** This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER.** Assurance cannot be given as a target has not been provided.

↗				Special cause variation where **UP** is neither improvement nor concern.
↘				Special cause variation where **DOWN** is neither improvement nor concern.
				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

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Sustainability & Finance

Executive Summary

SUSTAINABILITY & FINANCE

The Trust is maintaining financial stability, reporting a position £6k better than planned for the year to date, supported by £10.5m additional non-recurrent funding from Commissioners.

Key highlights include meeting the control total, managing operational costs through £2.5m non-recurrent funding, and maintaining adequate cash reserves (£643k above plan). While capital expenditure is currently £6454k below plan due to delayed DCA deliveries, and the efficiency program is £1137k behind due to delayed asset sales, the Trust remains on track to deliver its year end financial plan. This has created a robust basis for the challenging financial year ahead.

SUSTAINABILITY & FINANCE

Delivery Against Plan

	February 2025 In the month			April 2024 to February 2025 Year to date			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	29,626	28,856	(769)	320,337	321,210	874	349,963	349,779	(184)
Operating Expenditure	(29,382)	(28,614)	768	(320,338)	(319,369)	968	(349,958)	(347,938)	2,020
Trust Surplus/(Deficit)	***244***	***242***	***(2)***	***(14,626)***	***1,841***	***16,467***	***5***	***1,841***	***1,836***
Reporting adjustments:									
Remove Impact of Donated Assets	*0*	*1*	*1*	*2*	*2*	*0*	*2*	*2*	*0*
Remove Impact of Impairments	*0*	*0*	*0*	*0*	*(1,836)*	*1,836*	*0*	*(1,836)*	*1,836*
Reported Surplus/(Deficit)	**244**	**243**	**(1)**	**1**	**7**	**6**	**7**	**7**	**0**
Cash	31,601	32,244	643	31,601	32,244	643	29,249	33,760	4,511
Capital Expenditure	3,860	1,050	2,810	18,636	12,382	6,254	22,338	20,121	2,217
Efficiency Target	1,741	1,407	(334)	22,229	21,092	(1,137)	23,926	23,926	0

*values subject to rounding

Summary

1. The Trust is monitored against its 'control total' set by NHS England. The "reported" position removes the value of impairments and donated assets that are not in the Trust's ability to control. In September 2024 Commissioners confirmed that the Trust will receive, an additional £10,500k on a non-recurrent basis to support the delivery of the Integrated Care Systems plan. The Trust now has £7k surplus plan for 2024/25.

2. For the 11 months (year to date) to 28 February 2025, the Trust's financial performance was £6k better than planned. This is driven by lower than planned profits on disposal because of delays in selling Trust assets offset by income for the new Adult Critical Care Service and underspend across the Trust because of vacant positions within support and Corporate functions and favourable fuel rates. The additional (£2,500k) non-recurrent income to maintain the C2 performance levels are offset by associated cost.

3. The efficiency programme is £1,137k behind plan, mainly due to the delays in the planned sale of Trust assets.

4. The cash position was £643k higher than planned due to receiving non-recurrent funding. The Trust has revised its cash forecast to £33,760k, £4,511k above.

5. Capital expenditure is £6,254k below plan year to date. This is due to the timing in receiving DCA (Double Crewed Ambulances) which are expected by the year end.

What actions are we taking?

1. Finance continues to work with budget holders to ensure that Trust delivers its plan.

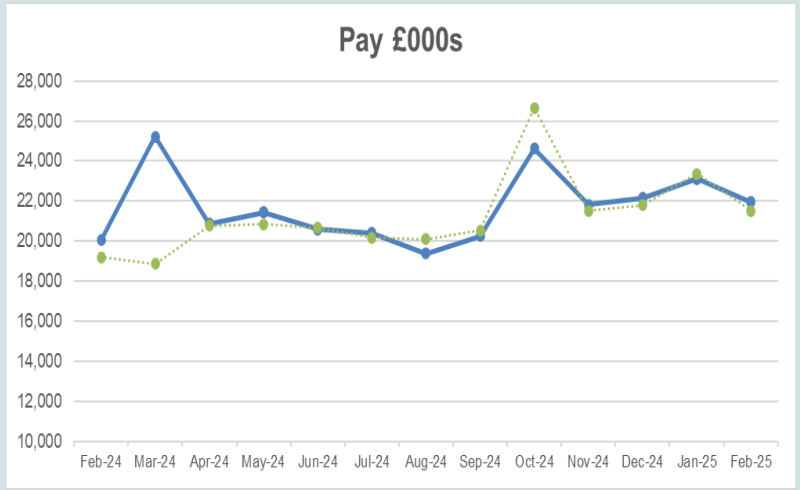
2. Regular updates are being provided to the Joint Leadership Team, Senior Management Group and the Finance and Investment Committee on financial performance, including delivery of the efficiency plans and the planning for 2025/26.

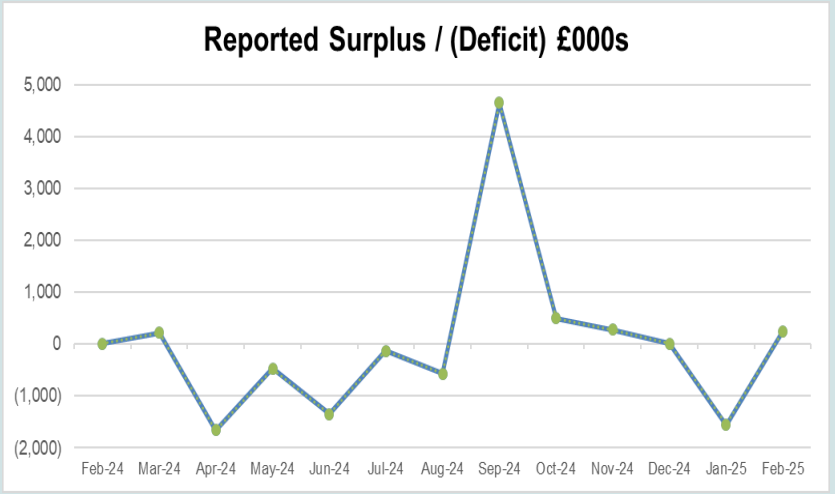
3. Monthly budget holder financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.

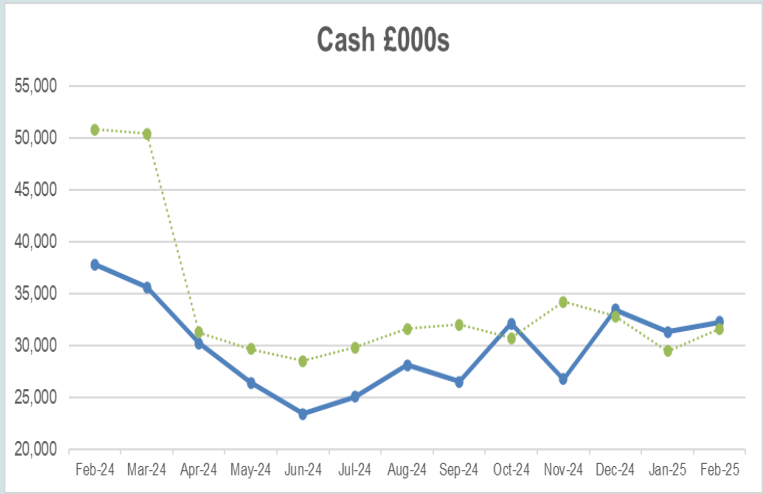
4. The Trust has developed its 2025/26 operating plan that aligns with strategy and partnership working and is working on a multi-year plan to enable informed discussions to take place with system partners.

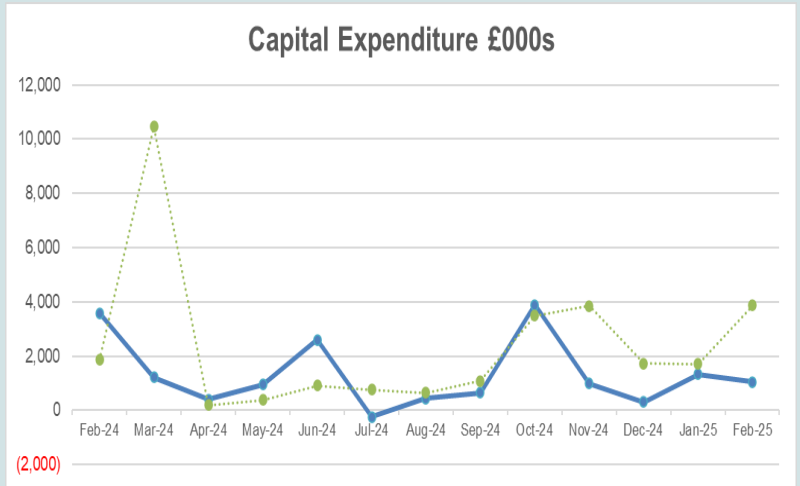
SUSTAINABILITY & FINANCE

Delivery Against Plan









Summary

- The Trust's financial performance was £6k better than planned for 11 months to February 2025 compared to the plan, The Trust is on track to deliver the financial plan for 2024/25.
- The financial performance in all our key business areas were on track. Effective controls and mitigations are in place to ensure the subsequent run rate of spend for the rest of the financial year remains in line with the expected assumptions to facilitate the delivery of the planned £7k surplus.
- The main areas to highlight from the graphs are the surge in September 2024 relating to payment of the 2024/25 5.5% NHS pay award, and the receipt of the first six months of the non-recurrent deficit funding, improving both cash and our reported position. Capital expenditure was behind plan in March 2024 due to delays in receiving DCA vehicles.

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Appendix

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Item No	20-25

Name of meeting	Board
Date	30 April 2025
Name of paper	M11 (February 2025) Financial Performance
Executive sponsor	Simon Bell – Chief Finance Officer
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Financial Planning and Reporting), Priscilla Ashun-Sarpy (Head of Financial Management), Rachel Murphy (Financial Manager - Projects, Business, and Investments)

This report provides the year-to-date (YTD) and full-year forecast (FY) financial performance of the Trust.

The Trust reported a favourable variance of £6k against its planned surplus of £1k for the 11 months ending February 2025. This variance includes an additional £2,500k in non-recurrent funding and associated costs to support improvements in C2 means.

YTD, the delivery of efficiencies is £21,092, which is £1,137k below the planned target. This shortfall is divided, with 61% attributed to non-cash-releasing schemes and 39% to cash-releasing schemes.

The Trust is on track to achieve its financial breakeven plan for the year ending March 31, 2025.

Capital expenditure of £12,327k is £6,309k below plan mainly due to the timing of leased assets.

In M11 cash receipts exceeded payments by £956k which has increased the cash balance to £32,244k, £643k above plan. The improved cash position is driven by deficit support funding offset by a reduction in trade payables. The cash forecast is £33,760k that incorporates the above and the additional £10,500k support from Commissioners to deliver the £7k surplus.

Note: Tables are subject to rounding differences (+/- £1k).

Recommendations, decisions, or actions sought	The Board is asked to note the financial performance for year to February 2025 (M11) of the 2024/25 financial year

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A

South East Coast Ambulance Service NHS
NHS Foundation Trust

2024/25

Finance Report to the Board of Directors

11 Months to 28 February 2025

Executive Summary

The Trust reported a £7k surplus for the 11 months to February 2025 (YTD) in line with the plan.

Note: Tables are subject to rounding differences (+/- £1k).

	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	320,337	321,210	874	349,963	349,779	(184)
Expenditure	(322,060)	(319,998)	2,061	(351,680)	(348,567)	3,113
Planned Profit on Sale of Assets	1,722	629	(1,093)	1,722	629	(1,093)
Trust Surplus / (Deficit)	**(1)**	**1,841**	**1,842**	**5**	**1,841**	**1,836**
Reporting adjustments:						
Remove Impact of Donated Assets	2	2	0	2	2	0
Remove Impact of Impairments	0	(1,836)	(1,836)	0	(1,836)	(1,836)
Reported Surplus / (Deficit)*	**1**	**7**	**6**	**7**	**7**	**0**
Efficiency Programme	22,229	21,092	(1,137)	23,926	23,926	0
Cash	31,601	32,244	643	29,249	33,760	4,511
Capital Expenditure	18,636	12,382	6,254	22,338	20,121	2,217

*Reported Surplus / (Deficit) represents what the Trust is held to account for by the ICB/NHSE

Year to February 2025 (YTD)

- For February 2025, the Trust's financial position is in line with the plan.

- The financial performance shows a mix of unfavourable and favourable variances. The adverse variance mainly stems from a £2,500k increase in operational costs to support C2 performance, offset by matching non-recurrent income.

- Delays in property disposals led to a £1,093k shortfall in expected profits from asset sales. Financial pressures in the NHS 111 service and directorates like the Chief Executive Office (CEO), Finance & Corporate Services (F&CS), and Human Resources (HR) are mitigated by savings in other areas including the Medical directorate. More details will follow.

- The Trust’s surplus plan of £7k is based on the delivery of £23,926k of efficiencies, which is 6.6% of the Trust’s planned operating expenditure.
    - YTD efficiency savings stand at £21,092k, which is 5.1% below target.
    - Of the £1,137k shortfall, 60.8% is due to non-cash-releasing schemes, mainly from delays in property sales, while £446k relates to cash-releasing schemes resulting from unmet operational efficiency milestones and procurement delays.
    - We have realised £3,778k in cash-releasing efficiencies YTD, 62% from non-recurrent budget underspending.
    - Recurrent savings make up 78.3% of total savings YTD, below the target of 85.4%. Non-recurrent savings have increased to 21.7% against a plan of 14.7%.

  - The risk-adjusted forecast has dropped by £561k to £22,565k due to the slippage of planned property sales.
  - The Trust aims to achieve £972k in cash-releasing savings in March to meet the overall target of £4,750k, likely supported by non-recurrent underspending.
- Despite a current amber risk rating, the Trust is committed to reaching its £23,926k target for the 2024/25 financial year, with ongoing mitigation plans.

- The M11 closing cash was £32,244k and £643k higher than planned. The revised cash forecast is £33,760k that incorporates the above and the additional non-recurrent deficit support funding from Commissioners to deliver the £7k surplus.

- Capital expenditure of £12,327k is £6,309k below plan due to a slight delay in the receipt of leased DCAs.

- The reversal of £1,836k impairment is based on asset revaluation. The reversal of the impairment had a positive impact on the Trust's position, however this benefit from revaluation is removed and adjusts the reported position to £7k surplus in line with plan.

Full Year Forecast

- For the year ending March 2025, the Trust is projected to meet the agreed planned surplus of £7k.

- The following provides further detail of the elements of the financial position.

1. Income

	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	274,306	276,698	2,392	299,243	302,036	2,793
111 Income	26,281	26,225	(56)	28,670	28,609	(61)
HEE Income	2,401	3,162	761	2,605	3,442	837
Other Income	17,349	15,125	(2,224)	19,445	15,692	(3,753)
Total Income	**320,337**	**321,210**	**874**	**349,963**	**349,779**	**(184)**

- 999 income is £2,392k greater than plan, this is mainly from additional income (£2,500k) from NHS England to support funding the additional resources, and associated expenditure, required to improve C2 mean performance.

- 111 income is £56k below plan, this is due to the reduction in the cost of prescription fees, that is recharged to commissioners and subsequently is offset by the decrease in expenditure.

- HEE (Health Education England) income is £761k above plan. This reflects the most recent funding schedules received for 2024/25 and the additional expenditure for some of the ongoing projects (mainly for the advance clinical paramedic (PP)) and is matched to the actual expenditure.

- Other income is £2,224k below plan, this is a result of the planned additional £5,000k of additional funding is mitigated by the recognition of income received in the previous year (£1,172k), in addition to the new Adult Critical Care Service (£717k) and the sale of obsolete equipment (£67k).

- The total income forecast is £184k below plan. The additional £6,000k of planned income to support the position, is mitigated by: £2,500k relates to the re-allocation or of the additional 999 capacity funding as mentioned above, £1,700k of additional recurrent funding from NHS England (paid through ICBs) to support ambulance capacity, £1,172k from the income recognition mentioned above and £782k from funding for the adult critical care transfer service. The Trust has agreed to support the system position by reducing its income by £2,000k. The remainder is driven by the additional income expected from HEE income. The Trust is still awaiting confirmation of the start and the funding of the recently awarded Gatwick contract.

2. Expenditure

The below table shows the expenditure plan and outturn by directorate. The below is offset by corresponding funding the Trust receives and recognised under income.

Expenditure By Directorate*	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(4,302)	(4,947)	(645)	(4,670)	(5,426)	(756)
Finance & Corporate Services	(14,920)	(15,397)	(477)	(16,281)	(16,858)	(577)
Quality and Safety	(5,071)	(5,066)	5	(5,532)	(5,595)	(63)
Medical	(12,208)	(11,403)	805	(13,463)	(12,596)	867
Operations	(181,053)	(182,705)	(1,653)	(197,336)	(199,710)	(2,375)
Operations - 111	(26,640)	(27,576)	(936)	(29,059)	(29,749)	(690)
Strategic Planning & Transformation	(26,116)	(26,334)	(218)	(28,541)	(28,966)	(425)
Human Resources	(5,146)	(5,452)	(306)	(5,638)	(5,985)	(347)
Digital	(10,694)	(10,853)	(159)	(11,672)	(11,845)	(173)
Paramedical	(4,983)	(5,012)	(29)	(5,444)	(5,572)	(128)
Total Directorate Expenditure	**(291,133)**	**(294,745)**	**(3,613)**	**(317,636)**	**(322,302)**	**(4,667)**
Depreciation	(17,464)	(16,706)	758	(19,196)	(18,271)	925
Impairments	0	1,836	1,836	0	1,836	1,836
Financing Costs	(783)	61	844	(854)	126	980
Corporate Expenditure	(12,680)	(10,444)	2,236	(13,993)	(9,956)	4,036
Total Expenditure	**(322,060)**	**(319,998)**	**2,061**	**(351,680)**	**(348,567)**	**3,113**
Further Trust Savings Required	0	0	0	0	0	0
Planned Profit on Sale of Assets	1,722	629	(1,093)	1,722	629	(1,093)
Total Trust Expenditure	**(320,338)**	**(319,369)**	**969**	**(349,958)**	**(347,938)**	**2,020**

*Excludes Income - Values subject to rounding

Year to Date performance against plan

- Total expenditure at YTD February 2025 was £319,369k, which is £969k below plan.

- This figure includes an additional capacity resource expenditure of £2,500k in Operations, which is balanced by equivalent income, with favourable variances in other directorates offsetting some cost pressures as detailed below.

- Excluding the additional capacity cost, the YTD operations position is £847k below plan. Key factors for this underspend include:
    - Specialist Operations account for £740k, or 87.4% of the total underspend. This is largely due to the timing of various planned expenditures, particularly delays in vehicle acquisitions (£283k) and protective clothing expenses (£181k).
    - Field Operations contribute £108k in the savings. The main drivers are the reduction in overtime costs and time off in lieu (TOIL) payments because £943k was allocated to the additional capacity funding. Additionally, lower spending on recruitments and a £355k reduction in private ambulance provider costs, in Quarter 1, attributable to a 27.1% decrease in hours provided. However, these savings are offset by over-establishment costs of £1,624k and YTD bank staff costs of £825k.

- In NHS 111, financial performance remains challenging, with a YTD overspending of £936k due to higher pay costs of £1,081k from increased reliance on agency clinicians to provide a safe service, while abstraction, recruitment and retention continue to rise. This is partially offset by a £145k underspend in various non-pay categories, particularly in facilities costs.

- Other favourable variances include £689k in savings from support and back-office functions due to recruitment timing and restructuring. These savings result from the timing of recruitment and restructuring efforts, particularly within the Medical directorate.

- These savings help offset overspends of £645k in the CEO's department, attributed partly to the strengthening of the executive structure and the engagement of external specialist contractors to support the transformation and development. Recruitment of additional resources to enhance senior management and improve HR service delivery has also led to a net expenditure of £290k. Additionally, F&CS is overspent by £477k due to an increased number of minor works required to ensure compliance with health and safety regulations across various Trust sites.

- On the positive side, depreciation is underspent by £758k due to delayed vehicle acquisitions, and there is an additional favourable variance of £844k in finance costs from high interest earned from banks.

The table below shows the Trust expenditure as categorised by NHS England as part of the Provider Financial Return (PFR).

NHSE Categories	Year to February 2025			Forecast to March 2024		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Pay/Staff Costs	(236,055)	(235,498)	557	(257,742)	(257,572)	170
Depreciation	(17,464)	(16,706)	758	(19,197)	(18,271)	926
Premises Costs	(19,842)	(19,245)	597	(21,698)	(21,072)	626
Transport Costs	(15,812)	(15,023)	789	(17,318)	(16,509)	809
Purchase of Healthcare (PAPs;IC24;HEMS)	(10,100)	(10,009)	91	(10,879)	(10,437)	442
Supplies and Services	(9,074)	(9,166)	(92)	(10,031)	(10,280)	(249)
Establishment	(5,486)	(6,146)	(660)	(6,182)	(7,091)	(909)
Education Costs	(2,000)	(1,474)	526	(2,185)	(1,786)	399
Operating Lease Expenditure	(1,859)	(1,535)	324	(2,028)	(1,680)	348
Finance Costs	(783)	1,899	2,682	(855)	1,964	2,819
Clinical Negligence (CNST)	(1,804)	(1,861)	(57)	(1,967)	(2,025)	(58)
Other	(59)	(5,234)	(5,176)	(1,598)	(3,807)	(2,209)
Total Expenditure	**(320,338)**	**(319,998)**	**339**	**(351,680)**	**(348,567)**	**3,113**
Planned Profit on Sale of Assets	0	629	629	1,722	629	(1,093)
Total Trust Expenditure	**(320,338)**	**(319,369)**	**968**	**(349,958)**	**(347,938)**	**2,020**

Full year performance against plan

- As of February 2025, the Trust predicts that the £7k surplus plan will be successfully achieved.

3. Workforce

- The following table shows the analysis of the movement in WTE by directorate and comparison to the month plan:

WTE* By Directorate	Analysis to February 2025			Month of February 2025			Vacancies* - February 2025		
	Jan-25	Feb-25	Movt	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	49.0	48.1	(0.9)	51.8	48.1	3.8	51.8	48.5	3.3
Finance	39.7	42.2	2.4	43.8	42.2	1.6	43.8	39.9	3.9
Quality and Safety	92.5	89.3	(3.3)	90.3	89.3	1.0	90.3	90.3	(0.0)
Medical	122.4	117.6	(4.8)	129.6	117.6	12.0	129.6	116.2	13.4
Operations	3,756.3	3,773.8	17.4	3,667.7	3,773.8	(106.1)	3,667.7	3,666.7	1.0
Operations - 111	424.5	407.9	(16.6)	428.3	407.9	20.4	428.3	384.2	44.1
Strategic Planning & Transformation	121.6	121.1	(0.5)	121.5	121.1	0.4	121.5	119.2	2.3
Human Resources	61.6	64.5	2.8	63.1	64.5	(1.3)	63.1	62.1	1.0
Digital	70.0	68.8	(1.2)	70.0	68.8	1.2	70.0	71.0	(1.0)
Paramedical	61.7	60.3	(1.4)	68.3	60.3	8.1	68.3	57.3	11.1
Total Whole Time Equivalent (WTE)	**4,799.3**	**4,793.5**	**(5.8)**	**4,734.4**	**4,793.5**	**(59.1)**	**4,734.4**	**4,655.4**	**79.0**

*Excludes 3rd Party Providers (PAPs)

*Net Funded WTE less Contracted (ESR) WTE

- 5.8WTE less was provided in February compared to last month, mainly in 111.

- The Trust is 59.1WTE above plan for February, Additional overtime provided in Operations to meet demand, including EOC to deliver additional C2 segmentation, as noted above, offset by 111 and Medical, linked to current vacancies. Operational vacancies are supported by overtime and bank.

4. Service Line

- The table below shows the Income and Expenditure attributable to our key service lines, this excludes reporting (system) adjustments.

Trust Position	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	320,337	321,210	874	349,963	349,779	(184)
Expenditure	(320,338)	(319,369)	969	(349,958)	(347,938)	2,020
Trust Surplus / (Deficit)	**(1)**	**1,841**	**1,843**	**5**	**1,841**	**1,836**
Reporting adjustments:	2	(1,834)	(1,837)	0	0	0
Reported Surplus / (Deficit)*	**1**	**7**	**6**	**7**	**7**	**0**

999 (Emergency Services)	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	290,552	289,957	(595)	317,482	315,754	(1,728)
Expenditure	(289,545)	(288,026)	1,518	(316,369)	(313,821)	2,548
Trust Surplus / (Deficit)	**1,008**	**1,931**	**923**	**1,114**	**1,934**	**820**
Reporting adjustments:	2	(1,834)	(1,837)	0	0	0
Reported Surplus / (Deficit)*	**1,010**	**97**	**(914)**	**1,114**	**1,934**	**820**

111 (KMS)	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	26,281	26,225	(56)	28,670	28,608	(62)
Expenditure	(26,640)	(27,576)	(936)	(29,059)	(29,746)	(688)
Trust Surplus / (Deficit)	**(359)**	**(1,351)**	**(992)**	**(389)**	**(1,138)**	**(749)**
Reporting adjustments:	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**(359)**	**(1,351)**	**(992)**	**(389)**	**(1,138)**	**(749)**

Other	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	3,503	5,028	1,525	3,810	5,416	1,606
Expenditure	(4,153)	(3,767)	386	(4,530)	(4,370)	160
Trust Surplus / (Deficit)	**(650)**	**1,261**	**1,911**	**(720)**	**1,045**	**1,765**
Reporting adjustments:	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**(650)**	**1,261**	**1,911**	**(720)**	**1,045**	**1,765**

- Assumptions:
  - 999 includes the Hazardous Area Response Team (HART) and Helicopter Emergency Medical Service (HEMs) as well as core functions.
  - 111 reflects the direct cost, including depreciation for delivering the 111 and Clinical Advice Service (CAS) for Kent, Medway, and Sussex.
  - Other includes directly commissioned services and funded projects, including Neonatal, Adult Critical Care Transfer Service, Gatwick Airport, Commercial Events, International Paramedic Recruitment, Specialist Operations Response Team (SORT) and specific HEE Education projects e.g.: Placements and development of the Level 7 Advanced Clinical Practitioners.

- 999 is £914k below plan for the YTD, mainly driven by the reversal of the impairment (£1,836k).

- 111 is £992k worse than plan, as noted above, relating to additional clinical support.

- Other is £1,911k better than plan from benefits from HEE education projects / funding in addition to the Adult Critical Care Transfer Service contributing £509k.

5. Efficiency Programme

- The Trust's revised financial plan surplus of £7k for 2024/25 is predicated on the delivery of a £23,926k efficiency target, which represents 6.6% of operating expenditure.

- As of February 2025 (YTD month 11), we still have 60 efficiency schemes, equalling £24,310k, that have been identified on the Pipeline Tracker.
    - Of these, 42 schemes valued at £23,991k remain fully validated and have transitioned into the delivery phase.
    - Among these, 17 schemes, amounting to £19,560k, are classified as non-cash-releasing. 16 schemes valued at £19,176k were recognised during the planning stage, with one valued at £384k and associated with the "Keeping Patients Safe" initiative, aiming to address the shortfall in our non-cash-releasing target.
    - Additionally, there are 25 cash-releasing schemes with a total value of £4,432k, divided into £2,646k (60.0%) as non-recurrent and £1,787k (40.0%) as recurrent. This accounts for 93.3% of the £4,750k target, which includes the anticipated £450k savings from collaboration with SCAS.
- We currently have 18 proposed cash-releasing procurement contract review schemes under development, totalling £238k, aimed at closing the existing gap.

Summary of YTD Efficiency Delivery - Cash-releasing and Non-Cash releasing

2024-25 Efficiencies Status	Plan YTD M11			Actuals YTD M11				Full Year Plan			Full Year Forecast Fully Validated Schemes				Full Year Forecast Risk Adjusted Fully Validated Schemes			
	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance	Recurrent	Non Recurrent	Total	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cash Releasing Efficiencies	4,224	0	4,224	1,432	2,346	3,778	(446)	4,750	0	4,750	1,787	2,646	4,432	(318)	1,587	2,646	4,233	(517)
Non-Cash Releasing Efficiencies	14,749	3,259	18,005	15,074	2,239	17,314	(691)	16,373	2,803	19,176	16,373	2,803	19,176	0	16,137	2,196	18,333	(843)
Total Efficiencies	18,973	3,259	22,229	16,506	4,586	21,092	(1,137)	21,123	2,803	23,926	18,160	5,449	23,608	(318)	17,724	4,841	22,565	(1,361)
Recurrent /Non recurrent percentage	*85.4%*	*14.7%*		*78.3%*	*21.7%*			*88.3%*	*11.7%*		*76.9%*	*23.1%*			*78.5%*	*21.5%*		

- As of YTD February 2025, the Trust has achieved efficiency savings of £21,092k, which is £1,137k, or 5.1%, adverse to plan.

  £691k, or 60.8% of the total YTD shortfall, is attributed to non-cash-releasing schemes. YTD savings total £17,314k compared to the planned £18,005k. This shortfall is primarily due to delays in the planned property sales in Crawley and Coxheath, amounting to £1,227k, which has been partially offset by savings of £344k from an alternative scheme called "Keeping Patients Safe in the Waiting List."

- Cash-releasing efficiency savings of £3,778k is £446k (10.6%) below the plan. Of these savings, £2,346k (62.0%) were generated from non-recurrent sources. Overall, our performance is a combination of overachievement and underachievement, further detailed in the directorate summary below.

- Recurrent savings account for 78.3% of the total YTD savings, compared to a planned figure of 85.4%. The adverse variance is due to a greater than expected reliance on non-recurrent savings within our cash-releasing targets. Therefore, non-recurrent schemes now represent 21.7% of total savings, instead of the planned 14.7%.

- The efficiency program currently holds an "amber" risk rating. The full-year risk-adjusted forecast is £22,565k, which is £1,361k (5.7%) below the target of £23,926k. This represents a decline of £563k compared to the £23,128k reported last month. The shortfall mainly relates to the anticipated profit from the disposal of Coxheath, expected to be £843k, which has been delayed. However, we have seen an improvement in our cash-releasing target gap, reducing it from £798k to £517k, resulting in a positive change of £281k.

Summary of YTD Efficiency Delivery - Cash releasing by Directorate

Directorate	YTD M11 Plan	YTD M11 Actuals	Variance		Full Year (FY) Plan	FY Forecast - Risk	Variance	
	£000	£000	£000		£000	£000	£000	
Chief Executive Office	37	39	1	✓	42	42	0	✓
Finance & Corporate Services	945	601	(344)	✗	1,061	620	(441)	✗
HR	889	889	0	✓	1,000	1,000	0	✓
Medical	355	338	(16)	✗	399	468	69	✓
Operations	1,257	998	(259)	✗	1,414	1,146	(268)	✗
Quality & Nursing	28	60	32	✓	31	75	44	✓
Strategic Planning & Transformation	232	762	530	✓	261	790	529	✓
Digital and Information	82	92	10	✓	92	92	(0)	✗
Trust wide	400	0	(400)	✗	450	0	(450)	✓
	4,224	**3,778**	**(446)**		**4,750**	**4,233**	**(517)**	

- As outlined in the directorate summary of our cash-releasing schemes, we are currentlyreporting a YTD shortfall of 10.6%. However, the risk-adjusted gap has improved to a
10.9% shortfall, down from the 16.8% reported last month.

- The YTD shortfall of £446k is greater than the £264k we reported last month. This increase is primarily due to unrealised planned savings of £400k from the SCAS collaboration review, delays in recognizing anticipated savings from procurement contract reviews in Finance, and net slippage of £259k in Operations. The latter is largely attributed to delays in HR policy changes related to the reduction of the Time Off in Lieu (TOIL) policy. However, this shortfall has been partially mitigated by an overachievement of £530k in SP&T, primarily due to reduced fuel rates, which generated non-recurrent savings of £500k and additional minor savings across other directorates.

- The risk-adjusted shortfall for the full year has improved by 35.2% to £571k. This improvement is largely a result of underperformance in the “Removal of Additional TOIL Payment” initiative, which was expected to save £480k in Operations. Additionally, there are unrealized benefits from the SCAS collaboration review (an extra £450k) and delays in

procurement contract reviews totalling £441k. This underperformance is partially offset by non-recurrent budget underspends.

- The Trust remains committed to generating £972k (20.5%) in March to meet the overall cash-releasing target of £4,750k; however, achieving this will rely on non-recurrent means.

- Finance Business Partners (FBPs) are collaborating closely with the Senior Management Group (SMG) leads to:

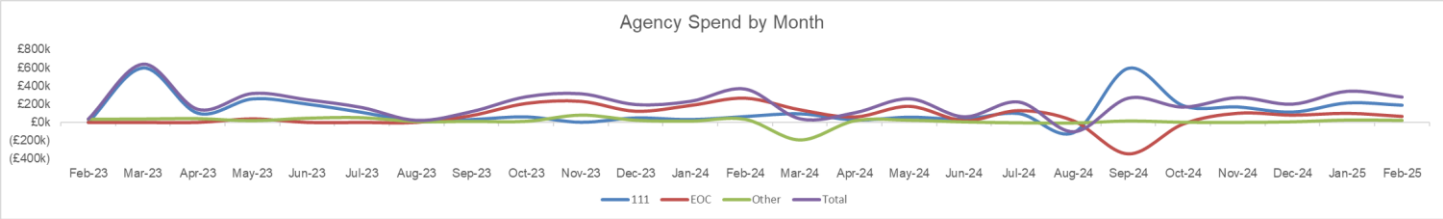
    - Develop and accelerate identified initiatives through the Executive Director/QIA and delivery phases to reduce the current cash-releasing forecast variance of £517k.
    - Identify budget underspends as non-recurrent efficiencies.
    - Promote sustainable schemes and explore new opportunities to mitigate potential risks, ensuring that each directorate meets its allocated cash-releasing target.

- Regular updates on our progress are being provided to the SMG, Joint Leadership Team, and the Finance and Investment Committee.

6. Agency

	Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Agency Expenditure	**(1,771)**	**(2,055)**	**(284)**	**(1,932)**	**(2,299)**	**(367)**

- Overall spend with agencies is £284k greater than planned.
- Majority of the agency spend for the year to date was in 111 (£1,558k) and to provide additional capacity support in EOC (£387k).
- In review of the spend year to date, the Trust has had to adjust its forecast spend.



7. Statement of Financial Position and Cash

	£000 31 January 2025	£000 Change	£000 28 February 2025
NON-CURRENT ASSETS			
Property, Plant and Equipment	97,757	426	98,183
Intangible Assets	1,205	(145)	1,060
Trade and Other Receivables	0	0	0
Total Non-Current Assets	**98,962**	**281**	**99,243**
CURRENT ASSETS			
Inventories	3,099	144	3,243
Trade and Other Receivables	10,903	(1,821)	9,082
Asset Held for Sale	1,373	0	1,373
Other Current Assets	0	0	0
Cash and Cash Equivalents	31,288	956	32,244
Total Current Assets	**46,663**	**(721)**	**45,942**
CURRENT LIABILITIES			
Trade and Other Payables	(34,981)	(11)	(34,992)
Provisions for Liabilities and Charges	(10,790)	0	(10,790)
Borrowings	(5,837)	663	(5,174)
Total Current Liabilities	**(51,608)**	**652**	**(50,956)**
Total Assets Less Current Liabilities	**94,017**	**212**	**94,229**
NON-CURRENT LIABILITIES			
Provisions for Liabilities and Charges	(11,520)	0	(11,520)
Borrowings	(18,463)	30	(18,433)
Total Non-Current Liabilities	**(29,983)**	**30**	**(29,953)**
TOTAL ASSETS EMPLOYED	**64,034**	**242**	**64,276**
FINANCED BY TAXPAYERS EQUITY:			
Public dividend capital	109,537	0	109,537
Revaluation reserve	5,189	(13)	5,176
Donated asset reserve	0	0	0
Income and expenditure reserve	(52,291)	13	(52,278)
Income and expenditure reserve - current year	1,599	242	1,841
TOTAL TAX PAYERS' EQUITY	**64,034**	**242**	**64,276**

- Non-Current Assets increased by £281k in the month arising mainly from £1,825k monthly additions offset by monthly depreciation of £1,491k and £53k of disposals (£432k of assetswere disposed of during the month, these were fully depreciated assets).

- Movement within Trade and other receivables is a net decrease of £1,821k, mainly through reduction of prepayments

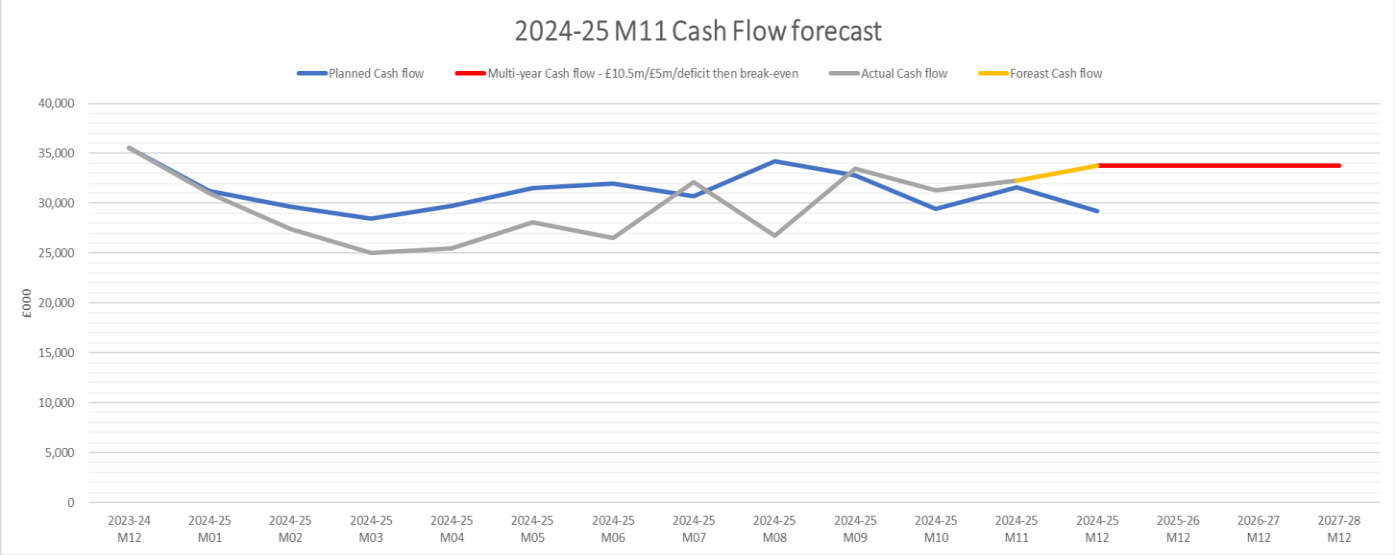
- The closing cash position at the end of February 2025 was £32,244k, £643k higher than planned. The revised cash forecast is £33,760k that incorporates the above and the additional £10,500k support from Commissioners to deliver the £7k surplus.

- Trade and other payables increased nominally by £11k which is driven by the timing of the Trust paying outstanding invoices and reducing accruals.

- The provision balances remained constant during the month.

- Borrowings decreased by £692k overall, arising from £44k of disposal and £648k of lease payments.

- The £242k increase on the I&E reserve represents the Trust's surplus for February.



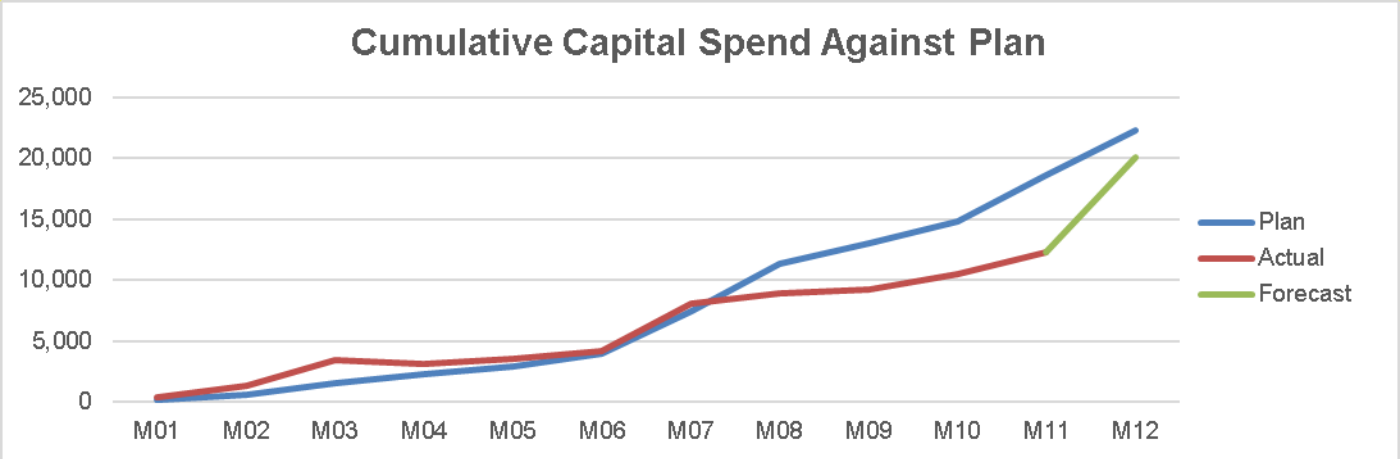
- The Trust is forecasting a £33,760k closing cash balance for 2024-25. The above graph shows the 2024-25 planned (blue line), actual (grey line) and forecast (yellow line) cash balance. The latter incorporates the additional £6.0m income that was agreed after the July 2024 plan submission, which was reflected in the £10,493k agreed deficit plan and the £10,500k support from Commissioners that revised the Trust plans for the year to £7k surplus. Assuming a breakeven from 2025-26 onwards in line with the agreed plan with Commissioners (red line) and the statutory requirement of delivering a compliant plan in future, the Trust can retain £33.8m worth of cash that will be sufficient to meet approximately one month's worth of pay obligations. The Trust cannot afford to carry on business as usual and need to eradicate any underlying deficit as cash would be used up within the next 18 months and the Trust would need to seek cash support from DHSC and HMT that would be interest bearing, based on the then published rates. This would further increase cost and is not financially sustainable.

8. Capital

- The in-month capital spend is £1,777k. The in-month actual is £2,083k lower compared to the plan of £3,860k. This is due to the slight delay in the remainder of the 57 leased DCAs for the year.
- The Trust has underspent on the YTD capital plan of £18,636k by £6,309k, which is mainly due to the slight delay in the remainder of the leased DCAs, these will be caught up by the end of the financial year.

	In Month February 2025			Year to February 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Original Plan									
Estates	350	88	262	4,231	2,432	1,799	4,501	2,452	2,049
Strategic Estates	0	(3)	3	0	322	(322)	0	(436)	436
IT	892	265	627	3,007	1,602	1,405	3,907	5,244	(1,337)
Fleet	364	1,474	(1,110)	2,445	3,702	(1,257)	3,058	3,715	(657)
Medical	0	0	0	45	0	45	45	715	(670)
Total Original Plan	**1,606**	**1,825**	**(219)**	**9,728**	**8,057**	**1,671**	**11,511**	**11,689**	**(178)**
Extra Allocation*									
Total Extra Allocation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CDEL Credit**									
Total Sales Income	0	(1)	1	0	(667)	667	(1,903)	(667)	(1,236)
Total Spend	0	0	0	0	0	0	1,903	0	1,903
Total CDEL Credit	**0**	**(1)**	**1**	**0**	**(667)**	**667**	**0**	**(667)**	**667**
PDC									
Total PDC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Purchased Assets	**1,606**	**1,824**	**(218)**	**9,728**	**7,390**	**2,338**	**11,511**	**11,022**	**489**
Leased Assets									
Estates	105	(47)	152	484	104	380	674	104	570
Fleet	49	0	49	6,096	4,624	1,472	7,825	6,492	1,333
Specialist Ops	2,100	0	2,100	2,328	209	2,119	2,328	2,503	(175)
Total Leased Assets	**2,254**	**(47)**	**2,301**	**8,908**	**4,937**	**3,971**	**10,827**	**9,099**	**1,728**
Total Capital Plan	**3,860**	**1,777**	**2,083**	**18,636**	**12,327**	**6,309**	**22,338**	**20,121**	**2,217**

- The Trust is forecasting to spend £20,121k against a plan of £22,338k by year end. £413k of this underspend is due to the original purchased plan including a 5% overplanning margin, the Trust are unable to spend this, so the forecast now matches the actual allocation from the ICB. £804k relates to an underspend on leased assets, due to approvals not progressing as planned. The remaining £1,000k underspend has been offered up to the ICB in 2024/25 to cover their forecast capital overspend, this will be returned to us in 2025/26.



9. Risks and Opportunities

Table – Risk with rating

Extreme (BAF) – 2 (Financial) Risk 540 – Historic Pay Issues (ECSW) Risk 542 – Sustainable Financial Plan	**High - 10** Risk 487 – Nexus House H & S/Accessibility Compliance Risk 517 – New Procurement Act Risk 521 – Outdated SFI's Risk 522 – Procurement Contract Management Risk 534 – Financial Sustainability of Capital Plan Risk – 535 – Financial Fraud Risk Risk – (BAF) 543 Internal Financial Control Risk – 545 – non compliance of Procurement Regs 548 – Finance Team Capacity Risk – 549 – Estates Issues and Risks Risk 587 - Paddock Wood - Repairs to Roof
Moderate - 2 Risk 523 – Capacity of Procurement Team Risk 551 – Electric Vehicle Infrastructure	**Low – 1** Risk 524 - move to e-procurement platform

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target.

- Potential opportunities for the year have been incorporated into the Trust's plan which mitigate risks identified.

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	21-25

Name of meeting	Trust Board
Date	30 April 2025
Name of paper	Finance & Investment Committee Assurance Report – 27 March 2025
Author	Paul Brocklehurst Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 27 March 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

- **Alert**: where the committee is assured
- **Assure**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ALERT

Financial Planning 2025-26

The Committee were pleased to learn that the Trust Plan was submitted the day before the FIC meeting, and in line with guidance and timelines. No issues or concerns are expected with the plan, which demonstrates a clear triangulation with Operations, Performance, Workforce and Finance.

Detailed discussion took place around delivering a further £10m of efficiencies, noting it will require a significant step up around cost improvement and productivity. In addition, the assumptions and dependencies of achieving this will require wider system support, the Committee accepted that whilst it generates some risk, the system maturity can be built on, noting also the Trust is evolving to be more structurally efficient.

The Committee encouraged a supportive and calm approach in understanding how this will be tracked, in order that expectations were set and timelines were transparent.

Digital Performance

Digital Performance is now a standing item at each meeting, with some elements i.e Cyber also under review by the Audit Committee.

Members received an informative paper, detailing performance activities since the previous meeting, and their alignment to the risk and assurance interdependencies. There was detailed discussion around the

Digital Risks and in particular the Generator issues, which the Committee noted are being progressed with both Digital and Estates Teams working to resolve as swiftly as possible.

The Digital Strategy Steering Group continues to have governance and oversight over the various digital schemes that are both currently underway and also planned. Whilst the Committee acknowledged some of the positive elements delivered around the Digital agenda, i.e production of Digital Strategy, improvement in service desk performance, legacy connectivity issues being addressed, and thanked the Interim Chief Digital Information Officer. The Committee remained concerned, that some areas require continuing focus i.e the findings from the BT Report, infrastructure issues, Cyber report findings, guest wifi connectivity, and the plan to deliver the Digital Strategy. Progress around these areas would be reviewed at future meetings

ASSURE

Financial Performance / Efficiencies 2024-25

There continues to be a positive on plan position. The efficiencies achieved to date are £21.1m against a plan of £22m, and the Trust remains confident it will deliver the full value of efficiencies at year end, using non recurrent measures. There is robust conversation and preparation already underway to address the efficiency savings for next financial year, with schemes already being drawn up.

In the context of financial risks, a helpful risk section was included in the financial report, and RAG ratings were noted and particularly in relation to Risk 540 - (Staff Morale around historic pay issues) - the Committee noted the work that is still to be done to address the historic elements, , but were pleased to note that all corrections going forward have now been completed. The Committee will be kept updated as this work continues and more of the historic elements are uncovered and shared.

Although presently behind (at Month 11) the Capital position is expected to be on plan as adjustments are made during March to some timing issues with suppliers and invoices. Cash remains in a favourable position and the Committee requested a more detailed cashflow summary for the next meeting.

Operational Performance / Virtual Care

The Trust has maintained good call answering performance, and focus continues on improving CT mean and hear and treat rates which are behind trajectory.

The Committee welcomed the plans underway at streamlining the Integrated Performance Framework, so that it is more aligned to the BAF and IQR. It will also help to strengthen volumes of data areas such as virtual care and productivity, noting that focus will also commence around C2 segmentation and clinical productivity. A formal evaluation of the Hubs will be undertaken during April, and the Committee looks forward to receiving the outcomes.

Robust discussion took place around the 111 contract, which maintained good performance, and is a key component of the Trust Strategy. There remains options around the subcontract, and the Committee encouraged the Executive to explore regional collaboration with SCAS, to build on the strategic commissioning proposal.

ADVISE

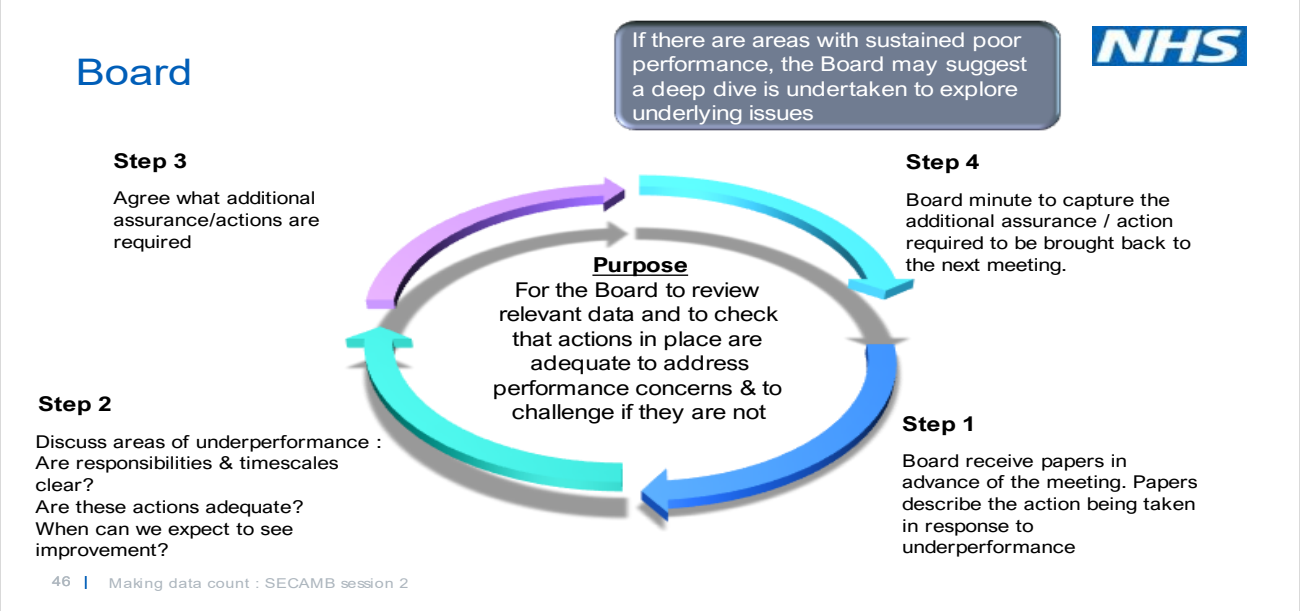
Fleet Performance

Within the fleet data scrutinised this month, there was an informative paper providing a deep dive into both Vehicle off Road (VOR) rates and Road Traffic Collision (RTC) data. Strong mitigations are in place to reduce risks in both these areas and linked to Driving Standards. With effect from 01 April 2025 the Driving Standards Dept will move to the Paramedic Directorate, to ensure closer working with both the Professional Standards Dept and Clinical Education Dept.

The 'on time' service inspection completion rates are failing due to capacity of vehicle technicians, and the Committee noted three more staff members are due to retire this year. Conversations are planned with SCAS at the beginning of April to understand their recruitment and retention programme and whether any initiatives can be undertaken in addition to those already underway in SECAmb (e.g the planned recruitment and retention premium). The recruitment of Technicians remains a concern, but the Committee were assured that as much as possible is being done to address this, whilst also exploring other initiatives, and members looked forward to receiving some benchmarking data with SCAS following the planned meeting.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



Agenda No	22-25

Name of meeting	Public Board
Date	30th April 2025
Name of paper	SECAmb Digital Transformation – Year in Review (April 2024–March 2025)
Responsible Executive	Chief Digital Information Officer, CDIO
Authors	Stephen Bromhall
This paper provides an overview of the key areas of delivery in the past 12 months.	
Recommendations, decisions, or actions sought	For Information

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No

SECAmb Digital Transformation – Year in Review (April 2024–March 2025)

Executive Overview

This paper provides a year-in-review of SECAmb's digital transformation journey from April 2024 to March 2025. As the Trust's first Chief Digital Information Officer, I am honoured to lead this effort, shaping the digital agenda for the years ahead.

The Trust Executive Management Board (EMB), Senior Management Group (SMG), Non-Executive Directors, and Governors have all played a key role in defining SECAmb's future direction. Their contributions through design principles, workshops, direct feedback, and strategic support have shaped our vision for a clinically driven, digitally enabled SECAmb.

My team in the Digital and Data Directorate (DaDD) has been instrumental in the initial fact-finding phase, supporting the development of early designs and exploring digital and data possibilities for SECAmb.

Following the UK General Election, the Trust Board approved the Clinical Strategy, incorporating input from DaDD. Drawing from my experience in digital transformation, I provided insight to refine SECAmb's strategic direction, leveraging best practices from the AACE National Digital Leaders Group to validate the Trust's digital aspirations and integrate lessons from other organisations.

In October 2024, I presented the Digital and Data Strategy to the public board. This strategy defines the principles for using digital services to advance our mission delivering clinical care to the public and providing employees with the right technology. Within the first 18 months, this strategy will establish strong foundations, improving efficiency and positioning SECAmb for sustained digital transformation.

Achievements and Strategic Direction

Historically, SECAmb, like many NHS organisations, operated with separate Digital and Data directorates, each with distinct objectives. These functions were perceived as internal service providers, operating without formal service levels or well-defined processes to meet organisational needs a common challenge across the NHS.

Upon my appointment, it became clear that integrating Digital and Data into a unified directorate could create a new service model, improving internal customer experiences and enabling better technology outcomes for clinical teams. This transformation focused on capturing the art of the possible defining both the ambition and practical steps required to ensure DaDD operates as a cohesive unit.

The Information Technology team traditionally focused on delivering solutions based on immediate requests rather than aligning with industry best practices. Several key processes, including demand forecasting for future services, project delivery, incident management, and technology change, were underdeveloped. Notably, these functions did not adhere to industry standard ITIL frameworks or align with the Trust's corporate processes.

A critical early finding revealed that while teams had successfully resolved historic technology failures within the Emergency Operations Centres (EOCs), the lessons learned and rationale behind these incidents had not been formally documented, despite external

expert reviews. Addressing this gap is essential to ensuring long-term resilience and continuous improvement.

SECAmb led the National Ambulance Cyber Assessment, working with NHSE and AACE to benchmark UK Ambulance Services and identify key areas for improvement. This initiative provided invaluable insights, allowing SECAmb to refine its cybersecurity posture and, for the first time, collaborate as a unified sector. To further strengthen cybersecurity, a go-to-green plan has been commissioned with a Cyber Security consultancy, ensuring SECAmb remains resilient in delivering critical services to patients.

Key Programmes and Impact

SECAmb has launched several key initiatives to enhance digital capabilities and improve patient care. These programmes aim to strengthen technological infrastructure, streamline operational efficiency, and enable data-driven decision-making across the Trust.

Major Digital Initiatives:

- Integrated Care Hubs – Establishing regional physical and virtual hubs in collaboration with the ICB and place-based organisations to create a single, unified view of the patient, ensuring they receive the right care at the right place.
- Computer-Aided Dispatch (CAD) Enhancements – Implementing SMS delivery to reduce repeat calling demands and enable real-time patient tracking, improving emergency response coordination.
- National Care Records Service Implementation – Deploying a platform to support early clinical adopters, ensuring seamless access to patient records across services.
- Trust-Wide WiFi Upgrade – Procuring and deploying new WiFi technology across the Trust to enhance connectivity and reliability for staff and operational systems.
- CCTV Deployments – Implementing live-service CCTV at stations, enabling full remote access for monitoring and security.
- Project Backlog Completion – Delivering most pending projects from the 2024/2025 backlog, ensuring key infrastructure improvements are realized.

Strengthening Governance and Strategic Oversight:

With the development of the Clinical Led, Digital Enabled strategy, SECAmb has established future processes to support digital service requests via the Digital Strategy Steering Group (DSSG).

- The DSSG, approved by the Executive Management Board (EMB), plays a critical role in tracking new demands, overseeing key programmes, and ensuring strategic alignment.
- This group reports directly to the EMB’s check-and-challenge process, ensuring ongoing evaluation and accountability.
- Attendance includes representatives from EMB, SMG, and clinical groups, solidifying DSSG’s role at the core of SECAmb’s digital strategy.

Future and Improvements

The Digital and Data Directorate (DaDD) is focusing on four core areas to strengthen SECAmb's digital infrastructure and service management.

1. Network Remediation

Following the EOC outage in October 2024 caused by a failed system change, a third-party specialist was engaged to conduct a design review. Their analysis of failure data highlighted errors in both the design and configuration of the Crawley EOC technology infrastructure.

- Remedial work to correct these design flaws will commence in April 2025 and is expected to be completed by May 2025.

2. Trust-Wide WAN Procurement

To enhance service resilience, SECAmb is procuring a new Trust WAN to replace the legacy infrastructure.

- The new design will offer greater reliability and eliminate single points of failure, ensuring continuity of service.

3. Cisco Meraki Technology Deployment

SECAmb will deploy Cisco Meraki technology across its entire estate to improve:

- Connectivity for all staff and guests, ensuring seamless access to digital resources.
- Network security, enhancing data protection and system performance.

4. Strengthening ITIL-Aligned Service Management

A key focus is improving service management processes, aligning them with ITIL best practices.

- This will establish a robust framework for managing technology change, problem resolution, and incident response.
- The design of the DaDD process and team will incorporate dedicated functions for handling service-impacting issues efficiently.

Conclusion

SECAmb has embarked on a significant digital transformation, with collaboration from senior leadership playing a key role in shaping the future of its digital services.

The Digital and Data Strategy, presented and approved in October 2024, establishes core principles for leveraging technology to enhance clinical care and improve employee services. Structural changes have integrated digital and data teams, driving more efficient internal service delivery, addressing historic inefficiencies, and aligning processes with industry best practices.

With strengthened governance and a suite of strategic initiatives in place, SECAmb is well-positioned to build upon these efforts, ensuring long-term resilience and laying the foundation for a digitally enabled, future-ready organisation.